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THE PSYCHIATRIC QUARTERLY SUPPLEMENT

OFFICIAL SCIENTIFIC ORGAN OF THE NEW YORK STATE
DEPARTMENT OF MENTAL HYGIENE

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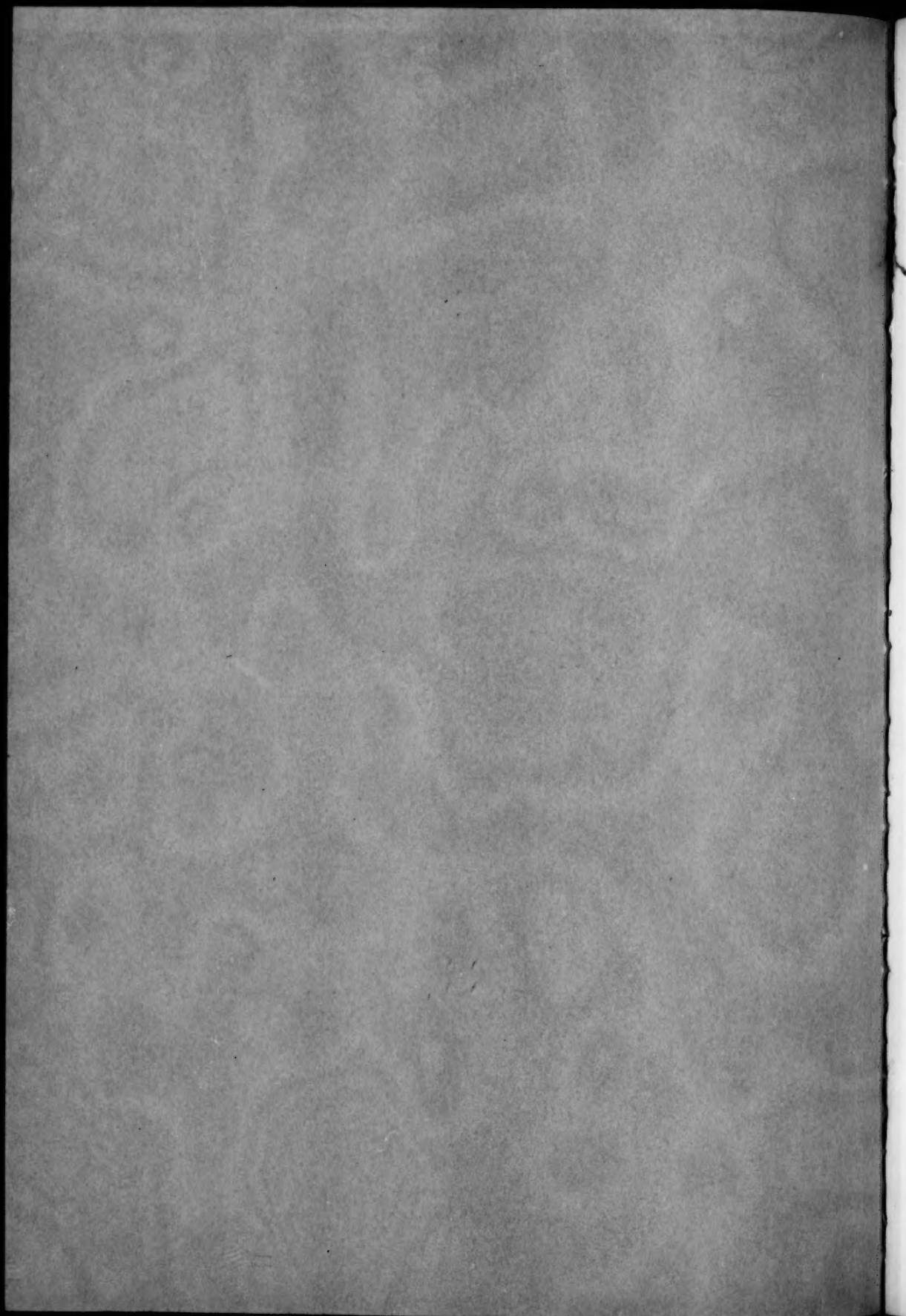
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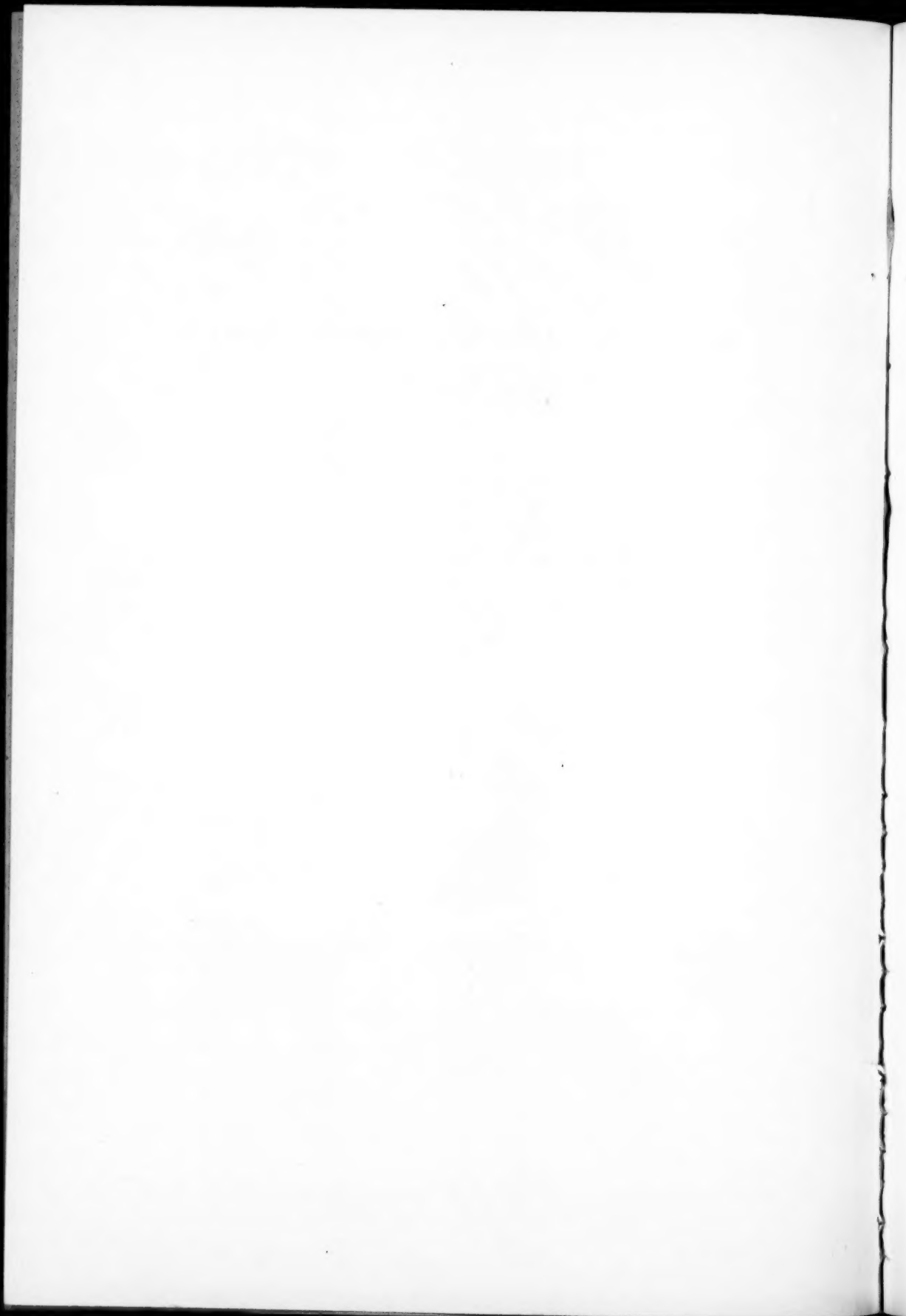
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SCHUMANN: MAD MASTER OF MUSIC

BY MAJOR JAMES A. BRUSSEL, M. C., U. S. A.

The final fiery notes of one of the greatest of the romantic concertos known to the musical world floated out over a hushed and awed audience. Recovering from its magical spell, the listeners rose to their feet and roared approval of the première of the sentimental piano classic. Hands applauded until palms were tender; screams and shouts of "Bravo!" rang through the hall. Smiling and bowing, the soloist stole to the wings where she extended a graceful hand to the flushed and highly-pleased composer. Together they acknowledged the thunderous clamor of a grateful audience. Shyly, the author peered questioningly from the corner of his eye at his beautiful companion. Blushing and demure, she nodded, reassuringly squeezing his trembling fingers. Thus, through the medium of music, a declaration of love and a solemn pledge to perpetuate that love were accepted by their interpreter. The illustrious Schumann had poured out his heart in the sentimental classic especially written for Clara Wieck Schumann, the brilliant pianist of the last century, and she had grasped the hidden message and responded with an inspired rendition of the amorous theme. It was not the first message of love which Schumann had conveyed by music meant to be a personal creation for her rather than public entertainment—there had been a great outpouring of songs, a lyrical flood, five years before in the first year of their marriage—but artistically the concerto was perhaps the greatest.

The literature is replete with historical accounts of this unusual genius, Robert Schumann; of his creative talent, critical ability, and his bizarre life. If a neurological or psychiatric diagnosis could be established, perhaps the unfortunate termination of the master's history might be more deeply appreciated and understood.

Robert Schumann was born at Zwickau, Germany, June 8, 1810. Authorities differ about his actual name. Standard reference works give "Robert Alexander Schumann;" but there is other authority for the version that he was born Benjamin Gottlieb or Gottlob; and various versions of his father's name are Friederich August Gottlieb and Friederich August Gottlob Schumann. Robert Schumann's mother was of Czech extraction and it may have been the inherent passion for music coursing through her veins that accounted for the son's leaning toward that field of endeavor. Frau Schumann had planned that her infant boy would some day be a prominent barrister, and it was this scheme clashing with Robert's musical inclinations that led to the first conflict in his stormy life. The mother has been described as "eccentric," inclined to be nervous and restless. The father was a self-styled writer with a flare for the literary who never carved

a niche for himself in the world of literary fame. True, he wrote a novel and many learned texts, but naught came of them. He encouraged Robert's musical trend, but before his son reached maturity, the father had departed for more Elysian fields. One of Robert's sisters, Emily, was psychotic, dying at the age of 19 from phthisis. This is the only neurologic or psychiatric blemish in Schumann's family history aside from the suicide of one distant relative. Both sides of the family were well-bred and well-born, with many members of the line serving the arts and professions as clergymen, booksellers, and surgeons. But never had there been a musician to account for Robert's passion for music. It was to be more than a passion. He regarded music as an expression of inner desires and impulses, a medium of speech by which the heart could reveal itself; a clearing station for love, hate, craving, despair, hope and even frustration. Sentimentalist? Perhaps. Yet Robert Schumann's music brought to the world much of the richness of romance with all its glorious color and riotous violation of theory and practice. He was one of those in the new era of romantic music begun by Beethoven, who made it possible for all ages to drink deep of the delights of youth; to feel the sweet pain of unrequited love; to exult and vibrate with the most fundamental animalistic instincts. Schumann's day saw the final end—foreshadowed by Bach, Mozart, Schubert, Mendelssohn and others—of the era of the violin, trumpet, flute and drum as such. Now these instruments received heart and feeling and voice; they were endowed with mouths by which they could express mood and fancy; they were imbued with soul. In short, music lived. The dawn of a new era was heralded, the delightful day of Chopin, Liszt, Berlioz, and later of Strauss, Dvorak and Tchaikowski.

Young Robert has been described as gay, lovable, easy-going, a gentleman by birth and instinct, with natural refinement, and manifesting no artificiality or affectation. If one is to single out the paramount feature of his makeup, it is, of course, his lifetime devotion to music. This constant drive was not materialized until the late 'teens when, after many stormy sessions and arguments with his mother, Robert finally won her permission to study piano technique and composition with Friedrich Wieck, one of the outstanding teachers of the period. Prior to this, Schumann's musical training had been practically nil.

The first change to be observed in this strange man's development occurred as he passed through his fifteenth year. Whereas he had always been frank and gay and carefree, he now became melancholy, introspective, indifferent, otiose, tactiturn, manifesting a "curious outward passivity." These symptoms were exaggerated in 1826 when Robert's father died. There had been a bond of mutual understanding between father and son, the unspoken

union of creative genius. Now young Schumann abandoned himself to mystical reveries, and improvised morose music at the piano until it "reduced himself to tears."

Is this evidence of an early psychosis? Or, are these occurrences all indications of the impressionable 'teens? At the same time, he experienced a couple of "*affaires de coeur*"—infatuations best described as "puppy loves." Likewise, he wrote two novels and scribbled much verse during this period of his life. One must remember, however, that his youth was essentially happy and that the assumption of the mask of melancholia was common among the young men of the day. It was regarded as quite fashionable to pattern themselves in this manner. Robert, like many of his associates, had been deeply impressed by the writings of one Jean Paul, a current popular fictionalist who was verbose, melancholy, and meaningless. Yet Schumann was never to escape from the influence of this forgotten author. One finds evidences of it from time to time in Robert's compositions. As a youth, with other young men of the era, Schumann dabbled in Schiller and Goethe.

Herr Professor Friedrich Wieck became the boy's father-surrogate. Despite the teacher's bigotry, his ostentatious display of ability, and his severe demands upon his pupil, Schumann flourished under this stringent discipline. But Robert was to glean something more than musical knowledge from this man. He was to have years of suffering, misery, sadness, humiliation and frustration, centering about the master's daughter, Clara, who, as the apex, completed the isosceles triangle of domestic conflict. The girl was a precocious performer at the pianoforte, rigidly instructed by her father and jealously guarded by him as a lucrative source of income. Clara was many years Robert's junior. When long, arduous hours of piano practising had been completed, the young man and this child would laugh and play together in the gardens surrounding the house into which Robert had finally moved, bag and baggage. Before she had attained puberty, little Clara had fascinated discriminating audiences of the European concert halls with her masterly rendition of the most intricate and difficult compositions. Her beauty, natural grace and charm ripened in direct proportion to the ever-expanding scope of her artistic ability and achievement. From the day the child first set eyes on her handsome companion to the last one of the 40 years she survived him, Clara Wieck is known to have had but one great love—Robert Schumann.

Impatient with his own slow progress coupled with the swift advance of his playmate, Robert devised a mechanical gadget to bring him digital dexterity after Wieck had scoffed at his plea for a public appearance. The teacher informed the impulsive youth that many long years of faithful practising at the pianoforte were needed before any recital could be attempted.

Schumann's dreams of fame as a pianist were soon blasted by his invention. The mechanism rapidly impaired a finger of his left hand, an impairment terminating in permanent distortion and uselessness. Disappointed and not a little frustrated, Robert refused to accept his musical defeat. Parallel with this refusal, was his burning desire to prove to the materialistic world that he was endowed with an innate creative skill which would provide for himself and a future family. He turned to composition, determined he would master theory and technique in a brief time and then be equipped to assume his place among the great composers of the world. With renewed fire and zeal he devoured the writings of Bach; dissected the symphonies and sonatas of Mozart, Haydn and Beethoven; interpreted fugues, scherzos, rondos and concertos. In his early twenties he had launched upon a career of writing. Papa Wieck stormed and bellowed, condemning the neophyte as unprepared, impulsive, rash and even impudent. In return, Robert asked, a few years later, for the hand of Clara in marriage. The father broke into another torrential outburst of profanity and invective, ordering his pupil from the house. To permit such a union would mean the stifling of a great career, the premature death of a truly fine artiste. What, he demanded, could the unsalaried Schumann present as financial security? Thus, the arguments and pleadings and bickerings continued. Nor did Robert feel more comfortable when the elder Wieck sneeringly commented on a marriage engagement the young man had previously broken with another woman. This had been a rude shock to Clara, a fact that her father frequently referred to as his stock in trade as he attempted to dissuade his daughter from her affection for Robert.

Meanwhile, the first tangible evidence of a mental disorder appeared in 1833, within a year or two of the beginning of his stormy love life. For almost a year he was filled with fears; fears of heights, of going "insane." With these phobias was a cover of deep depression accompanied by weakness, syncopal attacks, dyspnea and marked anxiety. He frequently threatened suicide and finally was prevented from jumping out the window on the night of October 17, 1833. He was diagnosed as "neurasthenic." However, in view of the symptoms and signs, one feels that an all-inclusive term of mixed psychoneuroses is more applicable. From this attack, Robert Schumann made a full recovery. We shall see how these tempestuous episodes appeared in definite periodicity, and in relation to real, dire precipitating factors.

Now came the years of struggle through which the two young people fought to consummate in marriage their unflagging love for each other. The whole chaotic situation boiled and fermented. Papa Wieck, a profane, uncompromising, selfish, conniving mercenary, regarded Clara's marriage to

Robert Schumann as sure death to the goose that so prolifically laid the golden eggs. He did everything within his grasping power to prevent the union, resorting to lying, spying, cheating, interception and destruction of the lovers' correspondence, soliciting derogatory testimony against young Schumann (even enlisting the aid of "Ernestine" to whom Robert once had been engaged), removing Clara from her fiancé's reach, and planning concert tours for his famous daughter beyond the scope of Schumann's financial ability to follow. The entire unsavory affair terminated in a lawsuit over the proposed marriage involving Papa and Robert, a suit that led to a cruel and heartless exposure of the young people's romantic relation to the gossip-loving world and also to Schumann's second attack of mental disorder.

At this time, it is fitting to survey the syndrome as a whole. All his life, Robert Schumann suffered with fatigue, phobias, depression, fits of weeping, and a dread of debt and failure. Hallucinations appeared only late, and these, as would be expected, were chiefly musical, either beautiful songs of angels or the majestic fanfare of trumpets. The visual hallucinations were morbid. They included coffins, death and funeral processions. His phobias multiplied themselves until they encompassed fears of keys, of the top floor, of heights, of metal instruments. At all times prior to hospitalization, however, Robert Schumann was in excellent contact with reality. He did not withdraw from society and its cruel treatment of him. He had a wide circle of friends and associates, all prominent in their chosen cultural fields. He edited a popular musical magazine for many years and conducted and organized choral societies. His expressions and thinking were externalized. His prehospital history is marked by remissions and recoveries in irregular episodes. The main periods of attack are 1833, 1838 and 1844. But from 1844 to 1853, the years were clear of patent mental disease, and only in 1853 did neurological symptoms appear.

As pointed out, precipitating factors were numerous and adequate. In 1833, his conflict arose from his own desire to follow musical pursuits and his mother's insistence that he study law. In 1838, the *cause célèbre* was the struggle for Clara. In 1844, it was domestic financial worries, deaths of members of his family and some of his dearest associates, notably the gentle and illustrious Mendelssohn.

Emerging from the court of law victorious, Robert Schumann and his faithful Clara had been married. More concerts were given, and Papa Wieck went back to his teaching, shaking his head dubiously and muttering to himself about the inevitable ruin awaiting his lovely daughter. Contrary to all predictions, the marital history of the two musically endowed geniuses was distinctly happy. Clara continued to hypnotize her audiences;

Robert now began 16 years of composition that—except perhaps for Mozart—rivaled the productivity of the most prolific writers of any era. Time after time, the inspiration was Clara. The music is novel and refreshing. Nothing of its kind had ever been heard before. It is sweet without being saccharine; it is pure without artificial chastity; it breathes, lives, talks, cries, murmurs. Clara laughs in *Carnaval*; she dances in *Papillons*; she deftly displays her dexterous fingers in the concerto; she marches triumphantly in the *Fantasie*. Her beauty dominates the Spring symphony, the warmth of her smile glows in the Manfred symphony, her grace delicately guides the piano quintet. And she is in all his songs.

Of the material things in life, Clara Schumann assumed the responsibility. She was the overseer of house and finances, providing the funds for living by teaching and performing. Robert could not earn a kronen even if he had tried. When not penciling notes on scores, he could be found at his favorite table at the *Kaffeebaum* corner, idling away time in dreams of musical interpretation. Although he wrote brilliant articles for his musical journal and proved to be one of the most distinguished critics of the day, his earnings were meager and the paper soon passed to more efficient hands. He tried conducting, but the cloak of genius that would some day envelop Toscanini, Damrosch and Stokowski passed him by. Schumann would become lost in reveries, fail to keep up with the orchestra, and soon confound the players in rhythm and expression. He was unable, however, to ignore these failings. He could not bring home money to his lovely Clara, he could not conduct his own music. Slowly he became convinced he was a failure. His compositions were not always greeted with acclaim. There were too many hisses—there was too little applause. Having departed from the conventional he was dubbed a heretic, a dreamer, an imposter, and a musical usurper. He lacked Wagner's and Debussy's later indifference to such harsh criticism. He withdrew from an unkind world and confined himself to the understanding realm of his intimates and encouraging friends. He despised himself for seeking comfort and support from Clara; he felt he had trespassed on her kindness too long. He resorted to brooding, seclusiveness and morbid reflection. He began to resent the ever-progressing social adjustment of his wife. Her beauty ripening with the years, her acclaim as a great concert pianist, her widening circle of friends, her charm and wit, all irked him and aroused stinging pangs of jealousy which his warped, sensitive and tormented mind gradually distorted into a projection mechanism of a turbulent paranoid formulation based on inferiority, an insecure ego structure vehemently rejected. When Joachim, Brahms, Liszt and other renowned friends and associates of the family called at the house, they began to regard him quizzically, and whisper "queer" and "odd," tapping their

foreheads significantly. At social affairs he would sulk in a corner, mute and sullen, staring for hours into space. Now, for the first time, after almost two decades of mental illness, auditory and visual hallucinations as previously described made their appearance. He became restless, irritable, nervous, unable to sleep or eat. He would have periodic bursts of ambition and desire to compose, only to dash to the piano and ultimately rip his feverishly penciled scores into bits. The work he actually completed during this period of mental decline plainly shows the effects of his disorder. His violin concerto, written then, withheld from public presentation by Joachim, and then tied up for years by legal action, was finally released within the past 10 years, only to reveal the sad decline of Schumann's musical genius; it is a pathetic contrast to his other large works.

Ultimately this gentle genius Schumann, became a carping, scolding husband. Clara was dismayed at these tirades which were usually precipitated by fancy, wholly without tangible excuse. Finally, one cold February day in 1854, Robert Schumann dashed from his house, almost naked, pursued by the angelic chorales and tantara of trumpets, and hurled himself into the icy waters of the Rhine. The captain of a vessel in the vicinity saved him from this frigid untimely end and the unconscious composer was carried home by a group of gay celebrants returning from a night of revelry.

At this time, neurological signs and symptoms first made themselves known. Robert Schumann suffered with vertigo, severe headaches, convulsions and dysarthria. A physician recognized the neurological and psychiatric nature of the illness. The patient was pronounced "insane" and committed to Dr. Richarz's sanatorium at Bonn where he survived two more years, rarely showing a rational interval. Here he manifested convulsions, disorientation, defects in memory, clouded sensorium, progressive dementia, inability to recognize members of his family and, prior to death, terminal delirium. Finally, on July 29, 1856, at the age of 46, he took leave of a cold and indifferent world which had failed to appreciate and understand him.

The one clinical feature left for posterity was the postmortem report that spicules of cranial bone impinged on the brain and had lacerated cerebral membranes. To the school which believes that intellectual achievement is in direct proportion to the size of the brain, it must be a disappointment to learn that Schumann's brain is one of the smallest and lightest recorded in medical history.

What is the diagnosis in the case of Robert Schumann?

First, the writer believes—before an attempt is made to describe the syndrome in nosological terms—that there were two processes in existence; a neurological one and a psychiatric, the former following and being super-

imposed upon the latter. As far as the psychosis is concerned, there can be no doubt that in its earliest phases it bore the markings of a psychoneurosis, embracing both neurasthenic and anxiety features, but that, with time, the picture changed from a neurosis to a psychosis. Schumann, in his reaction to frustrations, failure, misunderstanding, and harsh, unjustified and unfair criticism, did not resort to withdrawal of interests as a solution to his problems. Rather he kept in touch with reality, showing his disappointment and displeasure in an emotional dysfunction, predominantly depression. That he was cyclothymic is beyond question. In the interims of overt attacks his enthusiasm, zeal, and gay elation knew no bounds. He bubbled over with good spirits, demonstrating an endless wealth of ideas with almost limitless production. He showed no features of the schizoid, i. e., asocial tendencies, lack of friends, failure to make heterosexual adjustment, etc. His music is not the morbid introspection of the introvert; it is the lovely, romantic, idealistic expression of gay youth. It does not bespeak of idle dreaming. It seems to have a message of the heart and soul, of the emotions. It seeks the world; it does not run away from it. Hence, the predominance of emotionality and periodicity of attacks, with suicidal ideas and attempts, thoughts of futility and hopelessness, and depressive rumination accompanied terminally by auditory and visual hallucinations, would well substantiate the diagnosis of manic-depressive psychosis, depressed type.

But other factors colored the picture. The final brief, permanent and progressive dementia, convulsions, delirium, complete clouding of sensorium, dysarthria, together with the significant autopsy finding of osseous spicules emanating from the inner cranial table amply justify the consideration of a neurological syndrome. Meager as the postmortem report is, we know today that when a roentgenogram reveals intracranial spicules such as these, the diagnosis of meningioma is usually made. If these spicules originated in the frontal cranial bones, the diagnosis of hyperostosis frontalis interna might be considered. However, while this is rare and usually observed in women, it is manifested by headache, visual disturbance, dizziness, defects of memory, convulsions, weakness and easy fatigability, with various types of mental changes. But did not Schumann present some of these signs and symptoms during his latter years, and *all* of them terminally? Signs of intracranial neoplasm such as nausea, vomiting, various palsies or paresis, sensory or motor changes, etc., have not been reported in Schumann's case, nor did the autopsy report mention the finding of any gross lesion such as a new growth. While hyperostosis frontalis interna is commonly found in women, it is usually noticed at the menopause, and Robert Schumann was 46 years of age at the time of his death.

The diagnosis, therefore, in the case of Robert Schumann becomes two-fold, and, as offered, is: 1. manic-depressive psychosis, depressed type; with 2. hyperostosis frontalis interna.

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SOCIAL WORK WITH PATIENTS DIAGNOSED PSYCHOSIS WITH PSYCHOPATHIC PERSONALITY WHO HAVE BEEN PAROLED FROM A STATE HOSPITAL*

BY BETTY LOU YOUNG

Everybody has known people—professionally and personally—who do not seem to be psychotic or mentally diseased in the usual sense of those terms, but who just cannot get along with others. They may be intelligent and charming on the surface, but they lack a sense of social responsibility, they have no appreciation of moral values, and they are almost compelled to get into situations which bring disgrace upon themselves and those about them. When these people apply to social agencies for help, the worker is frequently impressed by their manner and accepts too readily the rationalizations which they offer for their behavior. When they fail repeatedly to cooperate sincerely in working out any plan—when they project all the blame for subsequent failures on the agency, the worker begins to suspect that there is an element in the personality of such clients which makes a cooperative relationship difficult or impossible. Many recidivists in penal institutions, many delinquents who come before courts and into child guidance clinics, many alcoholics and drug addicts seem to fall into this category. They have abilities which ought to be used constructively, yet they contribute little to society and are troublemakers repeatedly.

One should be able to recognize these people, to attempt to predict what their eventual adjustment to life will be, and to ascertain what types of treatment are most beneficial. For, in spite of their "mask of sanity," to quote Dr. Hervey Cleckley, these persons are mentally ill, and social, medical, and group work agencies—as well as agencies working with delinquents—expend sizable sums of money on their treatment and custody. A descriptive statistical study which attempts to isolate predicative and diagnostic clues, which analyzes methods and results of treatment is one approach to this problem. An agency could utilize such information to reject cases which would not respond to the type of assistance it offers. Perhaps a referral to another agency for another type of treatment would be indicated if the diagnosis were properly made. The study might show that our present criteria for diagnosis and our methods of treatment are inadequate and that further research is indicated.

At present, psychiatrists hold divergent opinions on the subject of psychopaths. The "*constitutionalists*" believe that these people are congen-

*Read at the annual institute for chief occupational therapists of New York State at the Psychiatric Institute and Hospital, April 29, 1941.

itally inferior: physically, intellectually, and morally. Members of the *descriptive* school attempt to classify the group according to overt behavior patterns. Thus, they list the excitable, the eccentric, the pathological liars, the swindlers, and so on. Other psychiatrists, impressed by the anti-social character of their outbursts, call these people "*sociopaths*" and cite the importance of socio-economic factors.

Disciples of the dynamic, or psychoanalytic, school have stressed the developmental aspects of the personality. Freud, Aichhorn, Alexander and Healy, have all made important contributions—especially regarding the etiology and treatment of delinquency. They minimize the importance of constitutional factors and trace the causes back to psychological difficulties in childhood relationships. Two primary patterns seem to be distinguished. One type of psychopath, also called the neurotic character, suffers from a long-standing unconscious sense of guilt, arising probably during the age period of from four to six. The enactment of a crime, then, enables the person to attach his feelings of guilt to this act, to receive punishment, and to be temporarily relieved of tension. Analysis of such cases brings to the surface the origins of these feelings, with subsequent alleviation of symptoms.

The second group is composed of those psychopaths who lost their parents through death or desertion or who were severely abused or neglected at an age when they were first learning the meaning of attachment to and affection for someone outside of the self. This loss then resulted in a self-centeredness and an inability to establish adequate or sincere relationships with any person. Thus, friends, teachers, physicians, ministers—all substitutes for the parental or sibling figures—find it impossible to establish lasting friendships with them. In both of these groups, the basic conflicts are expressed in actions, rather than in such symptoms as are characteristic of the psychoneuroses.

Statistics indicate that most psychopaths do come from broken homes and that many have spent their childhoods in institutions or in foster homes. Most of them adjust poorly in school, although they are very often intellectually and physically superior. They tend to play truant, to have tantrums, to present behavior problems, and to be unable to concentrate and learn. As adults, they remain emotionally unstable and immature. They may have talents which make it easy for them to obtain employment, but they are seldom able to get along with employers and fellow employees and lack the ability to work long in any capacity. Thus, they usually have erratic work histories with frequent periods of dependency which may in the end become chronic.

Most psychopaths tend to remain unmarried, perhaps because of the generally strong homosexual component which precipitates them either into withdrawal from contacts with the opposite sex or into repeated unsatisfying heterosexual experiences. Those who do actually marry usually lead turbulent lives—with frequent episodes of domestic strife, separations, and desertions. Fortunately, psychopaths are seldom prolific, for children resulting from these unions are usually rejected. Frequently, the parents place them immediately after birth either with relatives or under the care of social agencies. Children who remain in the home are often neglected and present serious behavior problems themselves. When the psychopathic parent comes to the attention of the court or comes under the care of a mental hospital, there may be a temporary placement period which increases the child's insecurity and anxiety. In all of these instances, the social worker may play an important rôle in helping to alleviate the economic and emotional privations and in providing some source of stability.

The largest number of psychopaths probably continues to function in the community with varying degrees of success. Many, however, have long histories of arrests for petty offenses—for prostitution, assault, alcoholism, disorderly conduct or drug addiction. It seems as if these persons lack the drive or the planning ability for some of the more serious types of offenses. One of the patients known to the writer at Central Islip State Hospital, for example, has a record of 60 convictions, resulting in 20 workhouse sentences and one penitentiary sentence over a period of 20 years.

Because they are emotionally immature and because they have formed no satisfactory patterns with which to meet life crises, psychopaths may develop transient, but often intense, psychoses. Some, those who are basically more withdrawn, tend to become irritable, suspicious, deluded. Others have periods of excitement in which they may become violent and assaultive. These spells are short-lived and seem often to accomplish some purpose. One woman of Italian extraction, 40 years old, has in episodes of excitement, made eight suicidal attempts in a 12-year period. She triumphantly admits that she uses these attempts as a means to punish her husband and family and to force them to do as she wishes.

By the time the patient has been committed to a state hospital, he may be well on his way to recovery from his psychotic episode. He still retains his basic personality structure and is prone to have repeated attacks, but he tends to adjust well to hospital routine. He may react aggressively at first when confronted by regulations and by manifestations of authority. But when he realizes that this conduct avails him nothing, he suppresses his mental symptoms and complies superficially with instructions. He evades ward duties whenever possible, working ostentatiously but inefficiently, or

not working at all. He is usually sociable with other patients, attends occupational therapy classes, amusements, and recreational activities. He may, however, on the other hand, feel himself to be very superior to his fellow patients, single out a chosen few as friends, and refuse to attend group affairs.

Various methods of treatment are used in a state hospital where, due to the size of the patient population, custodial care must be the first consideration. Sometimes the very sheltered, non-competitive, routinized quality of the environment is beneficial. For example, Isaac, a boy of 18, came to the hospital with a life-long history of maladjustment in a series of foster homes and institutions. After a one-and-one-half-month period of hospital residence in which he was allowed to do much as he pleased, was not compelled to compete with others of his own age, and received considerable attention as the youngest patient on the ward, he was paroled to an understanding aunt. Now, three years later, he is still adjusting well. In other cases, the hospital experiences may represent punishments to the patient and may elicit an entirely different reaction.

Shock therapy, widely publicized as a method of treatment for dementia praecox, has now been extended to the treatment of some of the other psychoses. In this therapy, in addition to the physiological changes, there also occur profound psychological reactions. Some authorities believe that the psychological effects of the treatment, coma or convulsion, have symbolic meaning for the patient. For example, the convulsions may mean death and rebirth or may represent satisfaction of the demands of the super-ego for punishment. One of Central Islip's most disturbed psychopaths, Susan, aged 31, had a series of 20 injections. She had first entered the hospital seven years previously, had been paroled and returned seven times during the interim. She had received much attention from psychiatrists and social workers, but, except for short periods, she continued to be vigorously assaultive, suicidal, and boisterous. Susan failed to show any improvement following the series. She was since paroled, however, and is now in a mental hospital in another state. Other psychopaths, treated with metrazol or insulin, have shown more gratifying results.

Psychotherapy is possible only to a limited degree in a state hospital¹ because of the large number of patients under the care of one physician. Nevertheless, through the contact between patient and physician, the patient may be helped to understand factors and conflicts of which he has not been aware and be helped to tolerate his conflict at a conscious level. More often, the physician may offer advice and reorientation: he may recommend the manipulation of environmental factors; he may help the patient to acquire a working set of rationalizations; or he may give the patient an opportunity

to alleviate his need for acting out by allowing him to discuss his emotional problems. Because of the intelligence and accessibility of the psychopath, physicians frequently become interested in him. While some psychopaths are so demanding, egotistical, and resentful of authority that they do not form any sort of relationship with the psychiatrist, others are readily friendly, confide freely, and appear to gain real insight into their illness through interpretations given by the doctor. Both relationship and insight are usually superficial, and the patient soon after release forgets his promises and behaves much as he did before. He may even use his "insight" as an additional weapon. David was a chronic alcoholic who discussed his strong attachment to his mother and his strong resentment toward his father and brothers. Psychiatric consultation was continued into the parole period, and an interested lay person provided the patient with a job, a comfortable room, and temporary financial assistance. The patient reverted almost gleefully to his former behavior, punishing not only his father and his brothers by his misconduct, but his new-found friends as well.

Occupational therapy plays an important part in the therapeutic program. It provides an excellent opportunity for the patient to mingle with the group, to be accepted, to work with others under controlled conditions where competition is at a minimum. Very often, the relationship with an understanding occupational therapist is far more important than the work itself. If possible, however, the type of work should be carefully chosen and synchronized with other aspects of the treatment process, for the task may have a great deal of symbolic importance for the patient. It may permit him to express conflicts and anxieties and to work out solutions which it would be impossible for him to do consciously or verbally. Recreation, likewise, fulfills important needs. Games may allow the patient to express his aggression and hostilities in a socially acceptable manner. Dances and parties may present a limited world free from the demands of the world outside.

It is interesting that in many instances, occupational therapists and group workers succeed in establishing rapport with the psychopath where others fail. Irene, a woman of 45, had for many years been supported by her brothers, and, in return for their assistance, did everything she could to insult and humiliate them. In the hospital, she wrote eloquent letters describing the horrors of the institution to the Governor, the Commissioner, and the mayor. She was especially antagonistic toward persons who were in a position to exercise authority—doctors, nurses, attendants, social workers. Yet she enjoyed participation in group activities, in dances and parties, and enjoyed doing some handwork. She was pleasant and sociable in this environment and formed a strong attachment for the recreational leaders.

They were probably able to establish this relationship with her because they were accepting and sympathetic and because they were in a position where it was unnecessary to exert authority. Perhaps, too, the social activities provided some outlet for her aggressive and sadistic tendencies, which would then be directed to a lesser degree against the therapists. This patient was subsequently paroled from the hospital, and plans were carefully worked out with her brothers, hoping to lessen her opportunities for contact with them and to give her every chance to succeed. Very soon, however, she was punishing her brothers with every weapon which she had at her command. She wrote threatening letters and complained bitterly of the injustices to which she had been subjected. Too often, one who sees these persons functioning in the restricted environment of the hospital cannot believe that they are the miscreants which their histories show them to be. Joe, for example, is a model patient on the ward—quiet, cooperative. He even works industriously in the carpenter shop. He is pleasant, meek in appearance, and looks very much like a bank teller who had a minor nervous upset. Yet Joe has one of the most colorful social histories to be found—an almost unbelievable account of sexual perversions and assaults involving his wife and children. Released on parole from the hospital after a three-month period of exemplary behavior, he reverted to his former conduct in a few weeks time. The effect on the wife and growing children of having the patient in the home, even for so short a time, can hardly be estimated. This man had remained potentially dangerous, even though his overt symptoms were quiescent.

The social worker has an important rôle in the treatment of the patient, both while he is a patient in the hospital and during his parole period. She sees him when he comes to the hospital and offers to act as a liaison between him and his friends and relatives in the community. Because she thus represents a link between him and the world of which he is no longer a part, he may give her his trust and confidence. Or, if he fears that her contacts with his associates will bring him harm, he may be abrupt and try to avoid all contact with her. Many psychopaths refuse to accept any of the services which the social worker can offer, resent her entrance into their affairs, are reluctant to give personal information, or will gladly place the blame on the worker if she is unable to make the arrangements which they desire.

In some instances, the social worker helps to make plans for the patient when he is ready for parole. Since psychopaths are very often single and may make good impressions, job placement is very often a consideration. For example, there was Doris, a prostitute, alcoholic, and drug addict of many years standing, who seemed to have gained some insight into her condition. Instead of using heroin when life becomes too unpleasant for her to bear, she has been returning voluntarily to the psychopathic ward for

treatment. In the State hospital she is neat, well-behaved, pleasant, and a fairly good worker. During her last stay on the ward, she was interviewed by a social worker who was interested in helping her make plans for the parole period. Doris, with a great show of sincerity, stated that she might have been able to get along prior to her last admission if she had had the help of the worker. The patient, incidentally, had failed to take advantage of opportunities for consultation with the staff psychiatrist—she had known about the services which the social worker could render. She now, however, gratefully accepted the suggestion that a position as ward maid could be obtained for her in a city hospital. She was placed the following week and left her position on the very day of her arrival, without warning or explanation.

The social worker can also refer patients to social agencies for temporary relief and for long-time planning. This was done in the case of Catherine, who was 55, and had an unstable work record and a history of conflicts with social agencies. She was complaining and demanding on the ward but worked very hard to gain attention and praise. When paroled, a position was obtained for her as ward maid in a hospital. She continued to work so hard there that the sisters worried about her and urged her to take more rest periods. She left abruptly after two months stay, complaining bitterly and untruthfully of her abuse at the hands of the nuns and of the hard work which she was forced to do. The worker then helped her to obtain a more adequate relief allowance and clothes orders. She lost the clothes money, squandered the allowance, complained of the inefficiency of the Welfare Department, and placed more demands on the worker. She now insisted that the worker should find her a job and a more adequate room. The worker got in contact with the WPA and various employment bureaus, but the patient would not apply for work. When she finally did go to the WPA, she was pronounced a mild cardiac case and was told that she would be ineligible for heavier types of domestic work. She was also found to be inadequately trained for any skilled type of employment. The worker obtained a physical report from the State hospital and urged the WPA to keep the patient's name on file. When she was placed in another hospital as a laundry worker, she boasted to the worker that she had accomplished this herself with no assistance whatsoever.

In a few cases, patients have seemed willing to discuss their emotional problems with the worker and have professed willingness to cooperate on a long-term plan. One patient, who had alternating periods of severe mania and depression, was seen weekly by the worker and was helped through one of these periods of great depression. She was encouraged and was placed in a protected working-boarding home where the demands upon her were ad-

justed to her ability to perform. The worker saw her frequently and discussed her problems with her as they arose. When the situation, however, became too painful, she disappeared without warning.

The majority of psychopaths who are placed on parole avoid the social worker, both because she represents authority to them and because they do not wish to be urged to make constructive plans for their social adjustment. Male psychopaths, in particular, avoid contacts with the worker, even though a few of them continue to report to the clinic physician. This may be because of their generally poor inability to make a satisfying heterosexual adjustment.

All of these data seem to indicate that a clearer clinical picture of the psychopath and his methods of adaptation to situations is being obtained. One finds, however, that methods of treatment lag far behind. There must not be failure to examine these methods critically and use the knowledge we have of psychiatry, occupational therapy, and social work toward achieving a solution. Certain factors which emerge from the foregoing study should be kept in mind.

1. Whether the agency involved is a hospital, a family society, child guidance clinic, or a court, the possibility that any client or any patient might be a psychopath should not be overlooked. On the basis of a history of his relationships, of his adjustment to such life situations as school experience, occupation, and marriage, a diagnosis may be tentatively made. It is of first importance in a state hospital to consider this history, for the patient's behavior on the ward may not be an adequate criterion of his ability to succeed on parole.

2. Further, one cannot assume that, because a patient seems to have improved as a result of treatment, this represents a permanent change. He may be following his characteristic pattern of adjusting well while it serves best his own ends.

3. Environmental manipulation may help to keep the patient functioning adequately in the community for a brief period. By constantly meeting the patient's demands as they arise, a relapse may be prevented, but long-term constructive planning does not seem to be possible.

4. It is important to consider preventive measures, and the most pressing need is to help children to grow up under as favorable conditions as possible. Social workers should be aware of opportunities to help children to attain a measure of security through the meeting of their physical and emotional needs.

5. If we are to attack the problem with any degree of success, it seems as if this group of problem cases may require some entirely new type of care. Perhaps a custodial institution, apart from prisons or mental hos-

pitals and their implications—and with specialized treatment measures—might be indicated. It might well be that occupational therapy with these people, carried on intensively and under psychiatric advice might provide one of the most promising media. Through creative work and constructive activity with others, through the opportunity for initiative and self-expression, the development of special interests, and the release of tension through physical activity, occupational therapy may provide a bridge back to the community and to a fuller acceptance of moral and social responsibility.

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REFERENCE

1. For a more detailed discussion of psychotherapeutic possibilities in state hospital treatment, see: Kaufman, M. Ralph: Factors in psychotherapy: a psychoanalytic evaluation. *PSYCHIAT. QUART.*, 15:1, January, 1941.

THE MENTAL HOSPITAL MAGAZINE

An Investigation of the Type of Material It Should Contain

BY ARTHUR J. GAVIGAN, M. D.*

In view of the increasing number of mental hospitals that are publishing magazines, it seems of interest to report the investigation of the types of articles that the patients and employees of a state hospital prefer.

INTRODUCTION

It appears that a magazine should contain material that aims at accomplishing the purpose for which it is published, and that its continuance would be justified only if its accomplished purpose is worth while. In general, the aim of a hospital publication is to benefit either the producers or the readers of the magazine or both. Hence, it seems obvious that the editors should have defined clearly the reader groups they are trying to reach and the ends they are trying to accomplish with these groups. Likewise, if the aim of publication is to benefit the individuals who produce it, there should be a clear conception of the manner in which this is to be brought about.

There are hospital journals which are intended almost exclusively for the people not connected with the hospital and who live in the region or state in which the hospital is located. They contain material tending to enlist public support and good will for the institution. A few publications are directed for the most part at the employees of the institution, and their contents are replete with material aimed at increasing the morale and efficiency of the employees. Most of the journals, however, are aimed primarily at the patients and secondarily at the employees. The content of these is extremely varied and heterogeneous, and in some cases it is difficult to ascertain what the editors are trying to accomplish. That a considerable space is devoted to gossip about the personnel and patients is apparent. Activities occurring at the hospital are reported in detail and articles of a biographical and historical nature are frequent.

In some institutions, the participation of patients in the production of the magazines whether as writers, typists or printers, represents industrial placements, and the patients assigned to these tasks are those who possess the necessary physical, mental and intellectual capabilities and who, the physician feels, would derive benefit from the work. As to the benefits, there do not appear to be any specific effects from the nature of the work

*Since this paper was written, Dr. Gavigan has been called to active military service. He is a major in the Medical Corps and is assigned to the Station Hospital, Fort H. G. Wright, N. Y.

per se and, other than the generally accepted belief that it is desirable to keep patients occupied, it would seem that the good or ill derived by the patients would depend on what the work represents to them and on their reaction to the work, to the employees and to other patients associated with them in the task. In this connection, it is pertinent to consider that not infrequently the patient who seems to obtain the most benefit from a task is the one whose productivity is low and whose quality of work is poor. For those magazines whose primary aim is benefit to the reader, this is an important consideration, because inferior articles and poor workmanship result in low readability.

Other hospitals follow the policy of soliciting material from all patients rather than from a few who have been specifically assigned to the task of writing articles. Obviously, the contributions vary tremendously as to nature and quality. Some magazines solicit from all the patients but publish only those articles that possess literary merit or reader appeal. As to the benefit that the patient derives, it may be considered that the writing of an article furnishes a medium for the release of repressed emotional and complex-determined material and that the publication of the material gives the patient a feeling of accomplishment and increased ego-valuation. If such results do occur and definite improvement in the mental state of the patient ensues, it would seem to follow that all contributions regardless of their nature and quality should be published, for failure to do so would result in frustration, ego-undervaluation and a lack of a feeling of accomplishment. In the writer's inquiry, the effect on the patients of the publication and the rejection by the Medfield (Mass.) State Hospital magazine of material submitted was observed, and it was noted that those whose articles were published obtained pleasure and that to those whose material was rejected came disappointment. Employee contributors showed the same reactions. These feelings, however, were of short duration and no symptomatic or specific changes in the patients' mental states were noted. It was further observed that when an article of poor quality was accepted because it was felt that its publication would be beneficial to the patient, the magazine was thenceforth deluged with contributions by that patient with resulting indignation and disappointment upon rejection of the material. To the employee with a penchant for this type of work, there seemed to accrue the same pleasurable effect that comes to one who pursues an avocational interest.

PROCEDURE

A questionnaire was submitted to the employees and patients of Medfield State Hospital. Announcement of the survey was not made in advance, and the project was personally conducted by the editors of the magazine. Patients of both sexes who resided on the parole, admission and continued

treatment wards were asked to fill it out. Patients on the disturbed wards were not approached. Many patients would not cooperate, and others were unable to participate because of mental or intellectual defects. In no instance, was pressure used to induce a patient or employee to fill out the questionnaire. Because of these difficulties, answers to questionnaires could be obtained from but 25 per cent of the patients on the parole wards, 29 per cent of those on the admission wards and 20 per cent of those on the continued treatment wards. The percentages were essentially the same for both male and female patients. Of 564 patients (44 per cent males), completed questionnaires from only 135 patients (81 females and 54 males) were received. Of approximately 400 employees (equally divided as to sex), questionnaires could be obtained from 133 (77 females and 56 males).

The questionnaire consisted of four parts and was as follows. (1) Check the *three* types of articles that you prefer: Fiction, Humor, Cartoons, Poetry, Historical, Editorials, Instructional, Biographical, Current Topics. (2) Check the *three* departments of the Magazine that you prefer: "Talk of the Hill," "Meditorials," "Forecast," "Tidbits," "Let's Play," "Strictly Feminine," "Sports," "Teasers." (3) Should there be more pictures in the Magazine? (4) How long do you think the average article should be?

That the results may be more meaningful, it seems desirable to describe the magazine. It is published primarily for the patient readers and secondarily for the employees. The editorial board is composed almost entirely of employees. Articles are solicited from all the patients and employees, but only those articles which come up to a certain standard of quality are published. The aim of the magazine is: (1) To stimulate interest in participation in the activities at the hospital; (2) to convey thoughts of therapeutic significance; and (3) to provide an instrument for the publication of literary productions of merit. To enhance readability, humor, puzzles, quizzes, fashion and beauty notes, and cartoons are added. To the same end, one to two pictures are included in each issue.

In that the magazine is composed of departments, it lent itself to the questionnaire type of approach. The departments and their contents are: "Talk of the Hill"—accounts of patients' and employees' activities of the past month and those to come, excluding gossip and personal items; "Meditorials"—articles dealing with mental hygiene; "Forecast"—calendar of events; "Sports"—reports on both patient and employee contests; "Strictly Feminine"—fashion and beauty notes; "Teasers"—puzzles and quizzes; "Tidbits"—short pithy sayings of a serious, humorous and factual nature; "Let's Play"—simple games which could be played on wards with available material such as chairs, bottles and pencils.

RESULTS AND COMMENTS

The data regarding the types of articles that the patients and employees prefer is summarized in Table 1. With the exception of the marked preference of female patients for poetry and of male patients for cartoons there were no marked differences in the likes of patients and employees. Both groups showed a preference for articles dealing with current topics, fiction,

TABLE 1. PERCENTAGE OF EACH GROUP WITH REFERENCE TO THE TYPE OF ARTICLE PREFERRED

Patients		Employees	
20%	—	7%	—
9%	.....	7%	.....
15%	—	14%	—
14%	.....	13%	.....
15%	—	14%	—
11%	.....	14%	.....
14%	—	17%	—
12%	.....	16%	.....
10%	—	13%	—
16%	.....	16%	.....
9%	—	12%	—
18%	.....	10%	.....
7%	—	9%	—
10%	.....	10%	.....
6%	—	10%	—
7%	.....	8%	.....
4%	—	4%	—
3%	..	6%	.....
— female		..... male	

humor, editorials and cartoons. As for differences in the preferences of the sexes, female patients liked poetry much better than male patients, and the latter liked cartoons and editorials better than the female patients. There were no significant differences in the preferences of the male and female employees.

Table 2 contains the summary of the data regarding the departments of the magazine that the patients and employees preferred. There were no marked differences in the likes of the patients and employees. Both groups preferred "Talk of the Hill," "Meditorials," "Forecast" and "Sports."

TABLE 2. PERCENTAGE OF EACH GROUP WITH REFERENCE TO THE DEPARTMENT OF THE MAGAZINE PREFERRED

Patients		Employees	
28%	—————	TALK OF HILL	————— 31%
28%	.....		..... 27%
16%	—————	MEDITORIALS	————— 21%
20%	.....		..... 21%
15%	—————	FORECAST	————— 12%
16%	.....		..... 10%
11%	—————	SPORTS	————— 6%
16%	.....		..... 16%
9%	—————	STRICTLY	————— 9%
3%	..	FEMININE	. 2%
9%	—————	TEASERS	————— 6%
2%	.		..... 8%
6%	—————	TIDBITS	————— 10%
10%	.....		..... 12%
3%	—	LET'S PLAY	- 2%
5%	....		. 2%
3%	—	OTHERS	— 3%
2%	.		.. 3%
—— female			
.... male			

As for differences in sex preferences, female patients liked "Strictly Feminine" and "Teasers" more than male patients, and the latter liked "Sports" more than the female patients. As for the employees, the males liked "Sports" more than the females, and the latter liked "Strictly Feminine" more than the males.

With regard to the question of whether there should be more pictures in the magazine (one or two were usually included), 81 per cent of the employees and 63 per cent of the patients wanted more pictures. There were no significant differences in the preferences of the sexes.

As to the length of the average article, 60 per cent of the patients and employees preferred articles of one page (600 words—two minutes reading time) or less. There were no significant differences in the preferences of the sexes.

In the analysis of these results, it is obvious that one must take into consideration the fact that the appeal of this, as well as of all other magazines, depends not only upon the subject matter but also upon the manner and

style of writing. However, it seems significant that there was a very low preference for the department "Let's Play," in which the content is of a type that would appeal to children and adolescents. This may be indicative of the fact that the state hospital population is much older than the general population. Whereas only 26 per cent of the general population is over 45 years, between 50 and 60 per cent of the patients of the state hospital are over 50 years of age. In the hospital where this survey was conducted, 62 per cent of the patients are over 50 years of age. The low appeal of this department may also indicate that the groups that one would feel would prefer it, namely the feeble-minded and deteriorated patients, are the ones who, if they did read the magazine, would be little influenced by it. Further, these are the groups of patients that are not amenable to the questionnaire type of approach.

The fact the Meditorials, which are articles dealing with mental hygiene, were well received may indicate that this avenue of approach may be of value when utilized in group therapeutic work.

Most hospital magazines feature articles of a historical and biographical nature. In view of the low preference for this type of material, it does not seem advisable or worthwhile to continue devoting much space to articles of this type.

SUMMARY

In an attempt to determine what material a hospital magazine should contain, a questionnaire was prepared and submitted to the patients and employees of a state hospital. The similarity of the preferences of the patients and employees was marked. Preference was shown for material dealing with the calendar of events and report of activities and events occurring at the hospital, fiction, humor, editorials, sports, cartoons and articles dealing with mental hygiene. A dislike was shown for articles of a historical, instructional and biographical character, and those whose nature would appeal to children and adolescents. There was a marked desire for photographs to be included in the magazine. As to the length of article, the majority preferred those of one page or less.

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AN AVENUE OF URBAN PAROLES FOR DEFECTIVE BOYS

BY ARTHUR W. PENSE, M. D., AND MARTHA S. FARRINGTON

The parole of boys from the Wassaic State School has usually been to relatives, or, in the case of suitably trained boys, to carefully selected farm homes. It was observed, however, that there was a group whose parole needs were not met by this program. These boys could not be interested in farm work and lacked relatives to sponsor their paroles. They were sufficiently intelligent, dependable, and self-reliant to be considered as probably able to support themselves. They had progressed through the academic and industrial classes and, having worked in various maintenance departments, looked to the school to make the necessary arrangements for their placement in the economic life of society. The institution was, therefore, confronted with the necessity of developing a parole plan adapted to their needs.

The problem was presented to the social service department for solution and various New York City agencies were consulted. Little encouragement was received at first, but finally the writers succeeded in obtaining the cooperation of the Bowery Y. M. C. A. in the adjustment of one of the school's boys whose father had proved irresponsible. The satisfactory experience with this boy convinced that organization that the school could refer others who were capable of adjusting to the "Y" program, and Wassaic has enjoyed the cooperation of this agency for more than two years in the parole of 16 boys. The Harlem Y. M. C. A. has cooperated in a similar manner, and 10 boys have been paroled there. A preliminary report is here presented for the benefit of those who might wish to organize similar programs.

The original parole plan was in general as follows. The boy was carefully selected for his adaptability to this type of parole. The chief consideration was that he be sufficiently intelligent and mature to care for himself. Fair ability to read and write was essential. He was also chosen for his good behavior, cooperative attitude, dependability, and industrious habits. Those with physical stigmata suggesting the defective were not chosen. Relatives were considered to be an undesirable, complicating factor for this type of parole, and proved so in the few instances when an exception was made. Prior to leaving the school the boy had any necessary physical and dental attention. The ward physician and social worker discussed the program with him, outlining his responsibilities. These talks were supplemented by a typewritten guide for his conduct. An outfit of non-institutional appearance was provided.

Preliminary arrangements with the Y. M. C. A. counselor insured a friendly greeting on the day of arrival. The counselor explained the "Y" program and evaluated the boy's vocational capabilities. The institution es-

tablished a credit at the Y. M. C. A. to cover one week's board and also provided \$5 for carfare and incidentals. It was anticipated that some boys would not be placed in a single week, and a tentative arrangement for reasonable extensions was guaranteed. Although most of the supervision was provided by the Y. M. C. A. counselor, the social worker maintained close contact. The boy was encouraged to remain at the "Y" during the usual parole period of one year.

The following analysis of records of those so paroled suggests the background of the cases, the details of parole adjustment, and the relative success of the program.

The 26 boys placed prior to November, 1942, were from 17 to 33 years of age (average 23+years). Their average intelligence quotient was 69 with a range from 58 to 91. The boy with the I. Q. of 91 had been seriously mal-adjusted prior to admission and was classified as a "social defective." It is interesting to note that these boys showed an average increase in intelligence quotient of 6.6 during residence in the Wassaic State School. The maximum increase was 23 points. They had been at Wassaic four and one-half to 10 years and had satisfactory behavior records, although a few had been problems during the early parts of their residences. They had been ward workers, hospital orderlies, and helpers in the bakery, storehouse, carpenter and paint shop, and plumbing and electrical shop. The main principle of training had been to develop a willingness to work, and recommendation by the various departments was required for parole.

With one or two exceptions, none of these boys had active correspondents who were willing to assume responsibility for parole. Twenty-two had been in orphanages prior to admission to Wassaic, and 10 had never been visited. However, while on parole, seven boys located previously disinterested relatives in the metropolitan area, and five eventually went to live with them. The records of these boys indicate that none had displayed serious delinquent tendencies before admission.

Work placement was through the facilities of the Y. M. C. A. employment service. The type of job depended on the work available and the boy's training and ability. As our boys could not present work references, the better jobs were not obtainable. However, their references by the "Y" helped considerably. The majority were placed in restaurants as dishwashers and bus boys, in hospitals as orderlies and porters, and in hotels as kitchen workers, bell boys, and elevator operators, although the school did not recommend the last type of placement. Others found positions at various forms of laboring work. Nineteen boys were working within the first week of parole. The school experienced most difficulty in placing colored boys.

There appeared to be a tendency to change jobs rather frequently. Sometimes changes were on the recommendation of the "Y" counselor when a boy had worked long enough to receive satisfactory work references and could then obtain a better position. It is noted that most of these changes were for satisfactory reasons, and the boy who changed most frequently finally was receiving the largest salary earned, \$45 weekly in a war plant. The lowest starting wage was \$10 a week and the average subsequent salary was approximately \$25 weekly.

The Bowery "Y" absorbed boys in its maintenance organization on a salary basis pending regular employment and also between jobs. They worked in the kitchen, cafeteria, and other departments. Ten boys were assisted in this manner and one boy, who lacked the self-reliance to make a permanent independent adjustment, has worked there almost continuously. Another operated the movie projector in an emergency, thus using the training he received as electrician's helper at Wassaic. This special opportunity offered at the Bowery "Y" was valuable from the financial standpoint, and it also gave some training in the type of service expected by employers.

The Y. M. C. A., with its organized program, was a rather satisfactory "half-way house" between the institution and independent community life. The counselor was always available for advice, and he maintained a discreet supervision. There was a definite tendency for the Wassaic boys to develop new friendships, chiefly among others residing at the "Y." When some of these associations were questionable, the counselor took the initiative to give the indicated advice. A few of the school's boys continued their institutional friendships, and several displayed considerable responsibility and friendliness, assisting the newer arrivals, directing them about the city, and tiding them over personal emergencies with small loans. Many made normal social contacts with girls. An interesting recreational sidelight was the organization of an orchestra by several boys who had learned to play musical instruments in the school band.

Although the counselor provided the immediate supervision, the social worker consulted him on her visits, adjusting problems requiring her attention. The boys were seen as frequently as possible, particularly during the early weeks of parole. These interviews were usually at some convenient place of appointment. Many problems confronting these boys, most of whom were experiencing city life for the first time, required considerable social work. These concerned relationships with their families, their friends, and their employers. As the Wassaic State School had been the only home many had known, some of these boys, although discharged, still communicate regularly with the school's officers and visit the institution when possible.

As previously stated 26 boys have to date (October, 1942) been paroled under this program. Although most of those placed in the past six months are apparently adjusting satisfactorily, that period of successful parole is considered too short to include in this summarization. Eighteen have been paroled six months or longer. Eleven of these were discharged at the conclusion of a year's parole. One boy has been returned to Wassaic. He had two trials, the second at his own request, but could not become accustomed to city life after 24 years in institutions. Three boys, all colored, did not cooperate very satisfactorily with the Y. M. C. A. and the social worker. However, they eventually went to live with relatives they had located, and at last reports were working and self-supporting. Six boys were inducted into the army, and one is now a corporal and on his way overseas. Thus 17 or 18 boys became self-supporting, and the program appeared adapted to nearly all.

A point of interest is the cost of this type of placement. The weekly cost at the Bowery "Y" was \$4.20 and at the Harlem "Y" \$7. Due to the advantageous arrangement for employment and the greater facility for job placement at the Bowery "Y," the average total cost per boy was \$11.42. This was somewhat reduced by two boys paying their own costs from small personal accounts. The average total cost per boy at the Harlem "Y" was \$25.92, and for the entire group at both branches \$16.64. This expense compares favorably with family care, considering the obviously greater advantages for the individual and the State.

When this parole plan was first considered, two doubts were expressed. The first related to the amount of supervision available under these conditions. The ideal parole arrangement for the defective boy has usually been a farm home where the boy can do what work is required and receive constant supervision. The writers are now encouraged to believe that some of the Wassaic boys are sufficiently intelligent, self-reliant, and adaptable to meet the more complicated city conditions.

The second concern was that the school's boys would not be acceptable to the Y. M. C. A. The answer to this is best given in the following quotation from a letter received from one of the counselors who displayed a particular interest in the boys and to whom much credit and appreciation must be given.

"Most of the young men who make up our membership are referred to us by one or more agencies like your own . . . It is the consensus of opinion of the staff here that the Wassaic State School boys are more responsive to our program and more cooperative in all their relationships with us than any of the other boys." The counselor added that he believed this was due to the careful selection of the boys, the training they had received, and the social service supervision.

The following brief summaries of the parole records of three boys suggest the type of social adjustment obtained. The third case indicates the amount of social work sometimes required. All three boys have been discharged.

A. L., 22, white, I. Q. 78, was an orphan who had spent his entire life in institutions. As he was stable and a consistent worker with the school electricians, he was placed on parole at the "Y." He obtained work in a restaurant earning \$15 a week and meals as a dishwasher, but was ambitious for a better job. Because he was mechanically inclined, the counselor felt further training would be valuable. A. L. held his first job and was saving money for this purpose when induction into the army terminated his plans. He mingled well with other boys and chose his friends wisely. His counselor was interested in him, and problems were discussed freely. Operating the movie machine in the "Y" gave him a sense of responsibility. A. L. was inducted after five months on parole and has become a technical corporal in an ordnance unit. The institution is the only home he knows, consequently he visits when on furlough and maintains contact by letters at regular intervals. The total cost of this parole was \$16.67.

R. P., 23, colored, I. Q. 67, had no interested relatives. Because of good institutional adjustment, he was placed at the "Y." Within two weeks, he had a position as bell boy and eventually was promoted to elevator operator. Later he changed jobs in order to earn a better salary, but his work references have always been excellent. Those with whom he comes in contact speak well of the boy and seem to like him. His friends have been chosen wisely among "Y" members, and he has exhibited a normal interest in members of the opposite sex, meeting them usually at dances in the "Y." R. P. has assumed considerable responsibility toward other boys placed, and has given them valuable advice as well as cash loans. He often referred the boys to the social worker or counselor for help, and seemed to feel obliged to assist as much as possible. This boy never presented any problems as he was always self-supporting and reliable.

E. M., white, 22, I. Q. 65, had a physical defect consisting of a repaired hare lip and a speech defect. At first, the boy was conscious of his handicap as evidenced by the fact that he grew a moustache and frequently covered his mouth with his hand. The counselor felt job placement would be difficult because of his physical appearance, and so employed him as a porter in his organization for a short period. E. M. shortly began to complain of physical ill health, but examination by physicians failed to reveal anything significant. There were many days he did not report for work because of these complaints, and he finally lost his job. For a time, he did odd jobs and managed to support himself partially, although it was necessary for the "Y" to extend some credit. E. M. was seen frequently by the "Y" coun-

selor and the social worker. He was persuaded at length to accept an excellent position as porter. About this time, he made contact with an uncle and went to live with him, but the family charged so much for board and room that after a month the boy returned to the "Y." He then gave up his position and told conflicting stories which on checking with the employer were found to be without basis; in fact, it was established that he had left of his own accord for no apparent reason. During the next two months, E. M. left numerous positions and refused to accept jobs which he felt did not pay enough salary. He ran a large bill at the "Y" and showed no inclination to improve his status. He began to associate with older men who were considered undesirable, as they drank excessively and gambled. Finally, E. M. was accused of stealing a watch, but the evidence was circumstantial and nothing came of the charge. The "Y" counselor worked with the boy in an effort to change his attitude but met with little success. It was felt that E. M. would derive benefit from the school's parole clinic, and he consulted the attending psychiatrist on several occasions. It was the consensus that this boy was not generally accepted by younger people because of his physical handicap, and consequently he associated with older men who accepted him. These men earned higher salaries which explained the boy's attitude regarding menial jobs. After much effort, the "Y" counselor obtained work for E. M. in a defense plant where he received 35 cents an hour. He moved from the "Y" to be nearer his position, and his adjustment improved rapidly. He affiliated himself with a "Y" in the vicinity of his work, attended its recreational programs regularly, and began to associate with more desirable companions. He was slow to pay his debts but finally met his obligations and was discharged from the institution. It is interesting to note that he now earns the highest salary of any of these boys.

CONCLUSIONS

Final conclusions cannot be drawn for several years, but the plan appears to warrant mention in that a practical means has been developed by which this particular type of defective boy has found parole opportunities offering possible permanent social rehabilitation.

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FAMILY CARE IN THE UNITED STATES—1943*

BY HESTER B. CRUTCHER

DEFINITION

In discussing the development of family care in the United States, one should understand that this term has various interpretations throughout the country.

In New York, Massachusetts, and some other states, family care is defined as the placing of mental patients with families other than their own for care. The patients selected for this type of care are not well enough to work for their own maintenance either in a home or in the community. They are patients who have recovered sufficiently so that they are not in need of the highly specialized services offered by an institution. However, because of their mental conditions, they need sympathetic, understanding care and supervision to see that both their mental and physical needs are adequately met. These patients may have no relatives or interested friends to give them this needed supervision, or they may be patients whose own precarious mental health or that of the relatives would be seriously jeopardized by an attempt to have a patient once more become a part of a family group.

In general, the patients placed in family care are from the continuous treatment classification at the institutions. However, the therapeutic possibilities of family care are being recognized, and a number of patients have been placed with carefully selected families, as it is thought the patient's recovery will be accelerated by returning him to the community at an earlier date than would otherwise be possible—because of the protection and help offered by careful family placement.

In New York and other states, whenever a patient in family care recovers sufficiently so that he can maintain himself either on relief or by his own efforts and is able to carry on his own affairs with the help and supervision of the hospital, his status is changed to parole, as the term "family care" in many states applies only to those unable to look after themselves or their own affairs.

In Illinois and various other states, family care is the term used when the hospital takes all the initiative in making plans for the patient's release when he goes to a home other than his own either to work for his own maintenance, or to have his care paid for by the State.

For many years, the State of New York has been placing patients who were able to work and maintain themselves in carefully selected homes or

*Read at the Quarterly Conference in Albany, March 27, 1943.

other institutions under the close supervision of the hospital staff; but these patients have never been included in the family care census.

While this difference in the interpretation of the term "family care" gives a slightly different meaning to family care figures, this method of care has made possible a way for patients to leave the hospital who could not adjust without the help offered by families who will work closely with the institutions in meeting the needs of mental patients.

PRESENT STATUS OF FAMILY CARE

Massachusetts, which has a history of family care for mental patients dating back to a legislative act in 1885, now has over 600 patients living with families. Some of these have lived in the same homes for many years, showing the excellent adjustment which patients can maintain in a family care setting. In 1935, Worcester State Hospital became much interested in the therapeutic aspects of family care, and a study of 299 patients placed with the aim of improving the patient's condition by this method of treatment showed that after a period of five years, 42.2 per cent of these patients had improved sufficiently to be paroled or discharged, 22.7 per cent were still in family care, and 29.1 per cent had been returned to the hospital for various reasons. Six per cent had died. The authors of this study thought the results revealed were most encouraging and felt that family care as a method of treatment should be extensively developed.* In 1937, the state school at Belchertown, Mass., placed 50 quiet, well-behaved, low-grade patients in family care. This has been a very satisfactory way of caring for these patients, and to date that number has been consistently maintained in family care.

Rhode Island has been developing family care for the past three years. Since the state hospital at Howard is a part of the Department of Public Welfare, the patients can be financed through the usual relief channels. However, this sum can be supplemented, so that as much as \$10 a week can be paid for the family care of a patient. An interesting thing about the Rhode Island program is that there has been an attempt to develop family care to a large extent in urban homes, as both patients and their relatives object to placement in more or less isolated rural homes. Of a total of 93 patients placed in family care during 1940-43, 15 were returned to the hospital for failure to adjust, three other patients were returned for physical reasons, and four had died. Eleven had improved sufficiently to be discharged; and of the 60 patients who were in boarding homes as of February 1, 1943, 60 per cent had adjusted well for two years or more, 30 per cent for one year or more, and the remaining 10 per cent for the past two months.

*Family Care—A Method of Rehabilitation by Leo Maletz. *Mental Hygiene*, Vol. 26, No. 4, October, 1942, pages 594-605.

Maryland has been using family care for the past five years for reimbursing patients and for patients who were such good workers around the institution that they could be placed in homes to work for their maintenance. In 1941, funds were made available to pay for the placement of patients who did not have resources of their own or whose services were not of sufficient value to maintain them. Since that time family care has been utilized more extensively with particular emphasis upon the psychiatric needs of the patient.* A study of 100 chronic state hospital patients placed consecutively in family care, over a five-year period, showed that 88 had been able to remain outside the hospital. Of these, 65 patients had become self-supporting, and 41 had recovered sufficiently to be discharged from supervision.

In 1929, California began placing reimbursing patients in family care. Since July 1, 1941, that state's hospitals have been authorized to pay \$25 a month for the care of patients, with the result that there are now approximately 300 patients in family care. Some hospitals have emphasized the therapeutic aspects of family care, while others mentioned using it almost exclusively for the continuous treatment type of case. Reports from the various institutions showed interest in, and enthusiasm for, the development of family care. However, it was stated that shortage of personnel had necessarily impeded the development of family care for some time.

In Florida, some aged mental patients have been placed in homes, financed by old-age assistance, and a small number of mental defectives have also been placed and financed through relief channels. To the limited extent that this has been developed, the Florida program has been very satisfactory.

In Nebraska, the Hastings State Hospital has been placing reimbursing patients in family care since 1934. As relatively few patients have resources with which to pay for their care, and as the social service at the hospital has always been distinctly limited, this method of care for patients has never resulted in a large number of placements. The patients who have been placed, however, have adjusted well.

In Pennsylvania, there has been the necessary permissive legislation for the development of a family care program for some years. However, as funds have never been appropriated for this purpose, family care placement has not been extensively developed, because its use has been limited chiefly to patients with financial resources or to patients who could be financed by certain public agencies. Its value is recognized in Pennsylvania, however, both for its therapeutic possibilities, and as a desirable method of care for a number of the continuous treatment type of cases.

*Family Care Placement of State Hospital Patients as a Method of Situational Therapy. K. Stuber and H. B. De Witt. *PSYCHIAT. QUART.*, 16:1, 144, January, 1942.

Family care in Illinois began in 1941. At this time, a physician in charge of family care was appointed. A survey of all patients in the hospitals was made. As a result of this survey, recommendations were made regarding the further treatment of each patient, either in the hospital or in family care placement. In this way, it was felt, it would be known to what extent family care could be developed.

The state was permitted to pay \$22.50 a month when the patient had no financial resources and there was no other governmental agency to pay for the patient's care. This financial limitation has meant that, in general, the care of patients appeals to families who are interested in it chiefly as an altruistic experience, or that only such patients can be placed as can earn some of their care by their own services.

The Illinois plans for family care were very carefully worked out and cautiously developed. On February 1, 1943, there were 176 patients in family care, and those in charge of the program were keenly alert to its therapeutic possibilities, as well as to the satisfactions which it offered to the chronic patient.

In Michigan, the family care program was begun in 1942. At the present time, three out of five of the hospitals are utilizing this method of care for patients. While the emphasis has been on the placement of the patient whose therapeutic needs will be met in this way, there are also custodial placements. From \$6.50 to \$10 a week can be paid for patients, so that special needs of the patient can be met in family care. On February 1, 1943, there were 76 patients in homes, an average of about 25 patients for each hospital developing the program.

At Norwich State Hospital in Connecticut, some patients for whom the relatives could pay have been placed in family care, but the State has never allowed funds for this purpose.

The State of New York began its family care program in 1933, with the placement of mental defectives. In 1935, the placement of the mentally ill in homes was authorized. By 1939, there were over 600 patients living with families in various parts of the State, and it was felt that a good foundation had been laid for the relatively rapid growth of family care, when financial support was withdrawn and the majority of the patients had to be returned to the institutions. Fortunately, funds for continuing this work were made available on July 1, 1940, so that once more patients may enjoy the advantages of community life. On February 1, 1943, there were over 1,800 mentally ill and mental defectives living in homes throughout the State.

CONCLUSIONS

There are eight states which have an established policy for the development of family care, and three other states in which family care has been developed to some extent because of the interest of certain individuals rather than as a state policy. In addition to this, Utah has permissive legislation for family care so that a program can be developed there when it seems desirable.

From the figures available, there are probably about 3,600 mental patients living in homes throughout the United States. It is a small number considering the enthusiasm shown in the states where this method of care has been tried.

Since studies made by various persons in different states show encouraging results from family care, what has been the reason for its limited development? There are several factors that must be considered as influencing the development of family care. In the first place, there have been definite financial limitations. There are not a great many persons who wish to take care of the mentally ill, there are still fewer who wish to take mental patients at the price which a state is willing to pay—at least unless the patient in family care is in comparatively good condition both mentally and physically. If a patient needs any unusual amount of supervision or care, with the present rate of pay, family care cannot be considered. This, in itself, limits family care. A further limitation is that a number of patients are unwilling to go to rural homes; and city homes where rents or taxes are so much higher are seldom available for the amount a state can pay for the care of patients.

The finding of homes in the State of New York thus far has not been difficult in districts considered especially suitable for the placement of patients. The finding of suitable patients for home care is difficult at times because of the shortage of staff. There must be physicians to find suitable patients, and these physicians must be thoroughly acquainted with the program of family care so that they can understand the types of patients that can profit by this care. If family care is to develop, it must be considered constantly, both as a method of treatment for certain patients and as a source of exit from the hospital for a number of patients who would not otherwise be able to leave. If the medical staff is so rushed that time is not available for relatively frequent individual interviews with patients, suitable patients will not be found, and it is difficult to develop a family care program. At the present time, with shortages in the medical staffs, it is difficult to develop a family care program, in spite of the fact that this is the time one is most needed to relieve crowding in most institutions.

Another factor which is important in the development of family care is the question of the supervision of patients. No institution will place patients in homes unless they can be adequately supervised by the hospital. Lack of such supervision is not desirable, either for the patient or the caretaker. Hence, there must be enough well trained social workers not only to find homes for the patients and give them the help they need, but also to train the caretakers in the handling of problems presented by the mentally ill. Most mental hospitals have such limited social service staffs, that their time is completely occupied with the problems of the patients on parole. An increase in social service must be considered for the development of family care so that a social worker will have time to give to both the patient and the caretaker the help needed in working out a satisfactory adjustment. A number of superintendents, in replying to inquiries about family care, stated that, while this had been found to be a most satisfactory method for the care of patients, its future development would depend upon the adequacy of social service and medical personnel.

Another potent factor affecting the development of family care is the fact that it is hard for some hospital staffs, and many relatives, to accept the fact that a simple home may offer the mentally sick patient as much or more than he would find to meet his needs in the large and handsome hospital. Physicians hesitate to release patients to go to homes where the physical comforts do not compare favorably with those offered by the hospital. Then, too, the hospital staff may feel insecure about having a patient 20 or 30 miles away when the hospital remains responsible for him.

At the present time, the contribution that a patient can make in the maintenance of the institution has also affected family care development. With the present shortage of help in our institutions, many patients who would probably make a good adjustment in family care are not released from the hospitals because of the services they render in the upkeep of the institutions. Judging from past experience, some of these patients would, after a period in family care, be able to maintain themselves in the community in spite of the handicap of mental illness. The present employee shortage in institutions has been a very real hindrance to developing family care.

If family care is to develop in the future as a therapeutic procedure for certain patients and for the care of relatively large numbers of the continuous-treatment type of patient, careful interpretation of its values must be kept continually before the medical staff of the hospitals. Well trained social workers must be available in adequate numbers to give good supervision both to patients and the families with whom they live. The patients in family care, through their good adjustment to community life within their own limitations, do the job of community education exceedingly well.

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EXPANSION OF FAMILY CARE OF MENTAL DEFECTIVES AT THE CONCLUSION OF THE PRESENT WAR*

BY H. G. HUBBELL, M. D.

This year would seem to be very appropriate for the discussion of future plans for family care. It was just 10 years ago in January when the first two adult patients were placed in family care from Newark State School, although the school had been boarding children outside as early as August, 1931.

It has been a privilege to be closely associated with the family care project; the writer assisted with the organization of the first family care group at Newark and this group has been under his supervision since that time.

Before discussing future plans for family care after the war, it might be profitable to review its history briefly, particularly at Newark, and point out some of the advantages noted there, as well as some of the difficulties encountered.

Family care was first introduced in New York State at Newark State School by the late Dr. Charles L. Vaux, who was superintendent of the school at the time. He became a very enthusiastic advocate of this type of treatment.

Dr. Vaux was impressed by the large number of children of school age who had been committed to the Newark school through no faults of their own but because they were somewhat below normal intellectually, and had come from broken homes or were not receiving adequate care and training at home. He felt that local welfare authorities should have made more of an effort to provide them with boarding homes, even though some of them had been tried out in one or more homes previous to commitment.

On May 25, 1931 Dr. Sanger Brown, II, presented a paper at the annual meeting of the American Association for Study of the Feeble-minded, entitled "Recommendations for Training the High Grade Mental Defective in Institutions for Community Life." After outlining a plan for the training and education of the higher grade defective within the institution, he said, "We now approach the parting of the ways from the State school proper. The children, having arrived at school age, should go to regular schools in the community if possible to attend special classes or to have the benefits of a modified curriculum. The child at this time should be separated from formal institution life. We would suggest that plans be worked out whereby the institution established boarding homes for some of these chil-

*Read at the Quarterly Conference in Albany, March 27, 1943.

dren. Methods of conducting these have been well organized in many communities. The home should be selected and supervised by the institutions. Arrangements would be made for paying for the child's care, either by the State or otherwise. The child would thus have family influences, be sent to school, church, entertainments, and take part in the regular life of the community."

Dr. Vaux returned from this meeting full of enthusiasm for Dr. Brown's plan, and, at once, took steps to try the experiment at Newark. He soon got in touch with Dr. Brown, who appeared quite surprised, saying he had not expected anyone to act on his suggestions quite so promptly; but he willingly offered to help in any way he could in promoting the project at Newark.

The matter was then discussed with Dr. Parsons, then Commissioner, who became very much interested. Since there were no funds appropriated for such a purpose, it was arranged that Newark might use some of its colony funds for boarding-out expenses. Dr. Vaux spent a great deal of time in making plans for the first case, realizing that if a child did not adjust well and caused criticism in the community, the whole project might receive a set-back from which it would be a long time in recovering. He made contact with the superintendent of the local schools in Newark, explaining what he was planning to do, and he received excellent cooperation from this man. It was decided that the child selected should have as few contacts as possible with the institution so that she would be on an equal footing with the normal children and would not be discriminated against in any way. It was planned that all contacts with the school should be made through the boarding mother, although the social worker kept in close touch with the patient through the home. Clothing, school books, etc., were purchased outside for the girl by the social worker so that she might be as well-dressed and equipped as the average child.

The plans for this child worked out so well that the school cautiously added more and more children in scattered homes throughout Newark and adjacent towns during the following year, when it was decided to try the placing of adult patients; and in January, 1933, the first two adults were placed in a home in Walworth, 18 miles from Newark. This home was later to become the school's community center, and all of Newark's homes were located within a few minutes walk or short drive from this community.

Time does not permit the writer to recount the successes and discouragements which we encountered but some of them will be referred to in discussing postwar plans. At this time, family care of patients was receiving more attention throughout the State. In 1932, Dr. Brown and Dr. Pollock had presented papers on the subject, and Dr. Parsons had appointed a tem-

porary committee—Dr. Woodman, Dr. Pollock and Miss Crutcher—to investigate the possibilities of expanding the project. The years following have seen a rapid expansion of family care in a great many of the institutions of the department. Present conditions have, perhaps, caused some slowing down in the movement during the past few months, but this is no reason for discouragement and we should now, with the experience already gained, be better prepared to formulate plans for the future. Since it was a comparatively new venture with few precedents to follow, each institution has carried out its own ideas to a large extent, depending somewhat, one supposes, upon the environment, the type of patients received, the economic status of the surrounding country and many other factors. Certainly, the large metropolitan hospitals have problems which are not encountered in the rural communities, and the schools, with their many child patients, have still other problems. However, this would seem to be a good time to assemble combined experience and knowledge of the subject and formulate more uniform plans for expansion of the project.

First, and most important, the writer believes, we should define and describe just what we mean by the term family care. This is necessary in order that we may speak the same language, and know just what part of extramural care is involved—and, last, but not least, for statistical purposes.

At Newark, it was originally assumed that only patients who were unable to be self-supporting and for whom the State bore the expense of boarding, would be considered for family care; but later it was found that some of these were able to help enough about the home so that it was unnecessary to pay board for them; and some were even paid, at least 50 cents or a dollar a week, and their board. This, of course, was getting close to another group of extramural cases, the employment parole group. An arbitrary distinction was finally made between these groups; those receiving 50 cents a week or less, were considered in family care, while a patient receiving more than that belonged to the employment parole group.

It is the writer's impression that in some of the institutions, many patients carried in family care, who are receiving fair wages for their services, would be classified as employment paroles at Newark.

When the project was started at Newark, the aim was to give the patient a home-like atmosphere and surroundings in which some one would show a personal interest in the patient, and treat him as a member of the family. For this reason, the placing of more than two or three patients in a home was not recommended, although experience has shown that several more patients can be accommodated in an exceptionally good home, and still receive the personal attention which is so important. Such homes are rarely found, and the practice of placing 10 or 15 patients or more in one home is

quite likely to defeat the object of this type of care. When this is done, we are getting away from *family* care and are encroaching upon the colony type of care and the question arises whether it would not be better to keep such groups under the institution's immediate control, in the care of a trained and trusted employee paid by the State, as is done in present colonies. The writer mentions this in particular because in the past there has been a question of suits for damages when a patient has been unavoidably injured, the point in question being whether the State has the authority to delegate its responsibilities for the care of these patients to others. Such an action might very well imperil the entire family care movement. Certainly, in such colony groups, we are defeating one of the prime reasons for family care—namely the intimate home associations provided by it. In this connection, there is another point the writer would like to bring out. One would naturally assume that former employees trained in the institutions would make the very best type of boarding home parents for these patients, but experience at Newark has shown us that this is not the case. While such persons are well known to the authorities and may be perfectly trustworthy, and honorable, they seldom can get away from their institutional training. They insist upon the more or less rigorous discipline and routine of the institution which again defeats the objects of family care. This is especially true where the former employees are allowed to have more than two or three patients or where the care of children is involved.

After the war, we should be able to expand family care to an extent hitherto undreamed of. When the present employment boom has subsided, it is possible that many homes will be disrupted and we will be called upon to care for many of the mental defectives and mentally diseased who are now being cared for at home. All of the institutions may be over-taxed and we should make every endeavor to prepare for the increased numbers of patients now. A great many patients sent to us for reasons mentioned earlier should be excellent material for family care. In the meantime, every effort should be made to get as many patients as possible in homes outside. Each institution should be canvassed again and again, for patients seen at one time may later have improved to such an extent that they can have a trial, and new material is constantly being admitted. However, caution should be used at both ends of the scale. Patients who could be self-supporting should be paroled for employment, after training, and not sent to family care, where their talents may be wasted. On the other hand, at the lower end of the scale, one should not infringe upon that group of patients requiring an excessive amount of care to keep them dressed and clean. The State schools have problems which are not encountered by the hospitals. A large share of the school's patients is made up of children of school age, and

it is not desirable to place them in remote, more or less secluded environments such as are ideal for adult patients. However, many of the lower grade children do very well in the country districts where they attend the little red school house. Such children receive more individual attention than in larger schools; and since competition is not so keen, they are less likely to show conduct disorders, and they make better progress in school. In selecting the children, one should not be too ready to refuse them opportunity because of rather serious conduct disorders previous to school admission. Instead, a careful study of these cases should be made to determine, if possible, just what caused their difficulties at home. It may be that a step-mother or step-father has entered the home, a situation which the child has consciously or unconsciously resented, resulting in quarrelsomeness, tantrums and more serious complaints such as bed wetting or fire setting. Newark has placed many such children and has had no cause to regret it. However, the school has found that the chances for success are in inverse proportion to the age of the child when placed. The younger the child, the more likely he is to make a satisfactory adjustment. At first the school placed children up to 16 years of age, but there has been little success with the older ones, and now Newark rarely places a child over 12 in this group, although it does place older children in the community group, children who cannot be benefited by training. While the \$6 or \$7 a week allowed for each child pays for his board, it does not always cover the cost of clothing, school books, and many other little expenses which are necessary; and to provide for these, the school has for many years called upon the several departments of public welfare of the counties from which the children came to supply additional funds. The school has shown them that the children could be adjusted outside with supervision; and rather than have them returned to the counties, the welfare departments have gladly paid from \$1 to \$3 a week for each child. Erie County, Newark's largest district, pays \$2 for each child, and is glad to do so. One commissioner, when requested recently to contribute \$2, said he did not see why we had to pay \$6 for a child when he could board one for \$4. He was reminded that Newark was only asking him for \$2 and suggested that he might give the child a trial and board it himself. He quickly called for a voucher to sign before the superintendent could change his mind. One might ask why, if these children can adjust in the homes we provide, they cannot be returned to the counties from which they came and continue to adjust in homes provided by the departments of public welfare. Those departments have many children in boarding homes and have plenty of experience with them. In the past, Newark has tried returning them, but with very few exceptions the children have had to be brought back to the school. The reasons for this,

the writer does not know, but from what he learns, the counties have certain homes which have been carefully investigated and approved. When a county has a child to place, it is put in one of these homes. The boarding mothers have usually had many of the county children who were normal; they more or less resent having to cope with a defective child, and do not understand the child, or have the patience to give him the protection and extra care of which he is in need. On the other hand, the homes Newark selects have never had the care of boarding children, and the mothers are carefully coached in what is expected of them, and warned that the children are not normal and cannot compete on even terms with the normal child. As a result, a child receives that little extra care and attention of which he is so much in need, and many of the boarding mothers become very much attached to their charges. Another probable reason why children adjust better when placed by the State school is that they are far away from members of their families, who often unintentionally upset them.

One may think of family care as a method of providing homes for that class of adults who can accomplish nothing, cannot be trained, and only need good supervision; but, with the children, it is felt that family care is a constructive method of great value in preparing them to be self-supporting and useful citizens. The writer believes that emphasis should be placed on getting just as many children into homes as possible, even though rather doubtful cases, which may have to be returned, are tried. They have at least had their opportunity.

Now, we come to that large group of cases just mentioned, who cannot be trained and only require good care and supervision. They are the ones who make up the bulk of family care cases. Any expansion in family care will depend upon the number of suitable patients which can be found in an institution and the availability of suitable homes within easy reach of the institution and the organization developed to supervise and visit these homes. Newark has been able to place many patients who, at first glance, would not seem to be suitable. The writer refers to cases with rather marked physical handicaps, such as paralysis with inability to walk or to go upstairs. Newark has one such patient whose legs are rigid and who has to be carried up and down stairs daily. Newark has placed a great many blind patients. However, when this type of patient is placed, it is almost necessary to send another suitable patient with him who will look after him constantly. At Newark, it has been found that such patients soon develop a feeling of responsibility toward the handicapped ones and give them exceptionally good care so that there has never been any complaint on the part of the boarding mothers. There is another group of patients who might well be tried, although Newark State School has not done so as yet. There is a large group

in every institution, who would occasionally wet and soil, if left to themselves, but when taken to the toilet at regular intervals are kept perfectly clean. There is reason to believe that such patients could be safely placed with another reliable patient to look after them. Many of the assisting patients perform these duties now on the wards. There is still another group which Newark has placed in family care in recent years. Some of the homes provided make excellent places for the final training in farm work of boys who will eventually go on employment parole, and become self-supporting, and excellent places for the same class of girls who will go into domestic service. Some of the boys who would be entirely useless on the school's own farms, after a few years in a farm home, gradually get enough farm training so that they may be, at least, self-supporting. Newark's farm colonies for boys have a limited capacity, and the school has too many boys and not enough time to devote to the prolonged training of these lower grade boys. In fact, it is doubtful if many of them could be trained; it seems rather that they absorb training after sufficient time in boarding homes.

While we have our domestic arts classes and home making classes in the school for the girls, there is nothing like the actual practice and training which they can receive in selected homes outside until they are ready for employment parole, and here again there is a large group of the lower grade girls for whom Newark has no room in the classes, or the time to devote to them, who can, at least, learn the rudiments of housekeeping after sufficient time. Many will be of enough value so that it becomes unnecessary for the State to continue paying their board, although they may need the supervision of the family care group.

Now, one may turn to the selection of the locality for the project, and the arrangement for the supervision of the patients. If family care is going to expand to any extent, the patients cannot be scattered in a hit or miss manner throughout the countryside. It is much better to select a locality where they can be comparatively close together so that they may more easily be supervised. This may be difficult in the environment of some of the institutions but is very essential to an expanded program. At Newark, patients are no longer placed outside the community, except where boarding parents have moved and take the patients with them.

The writer would like to emphasize the importance of a community center. Newark has had one since the early days, and the writer believes there is no one thing quite so important. The school was lucky in being able to establish its center at the home of its first boarding mother. This woman is a trained nurse, who furnishes a large room where patients from the surrounding territory may come for social gatherings or to meet the social worker, or come in case of slight illnesses. Two beds are provided. This

woman has the general responsibility of seeing that patients are weighed, kept clean, hair and nails cut and cared for. Also, all visits of relatives are held here, and the latter are not permitted to go to the homes. Clothing, parcels, etc., are left and distributed, thus saving a great deal of time and travel. The community home also makes an ideal place for the occupational therapist to meet the patients and arrange parties and assign some form of work such as crocheting or knitting. Many patients beg for some work of this kind and are often helped with it in their homes. While many institutions might not be so fortunate as to have a home with a trained nurse, they probably could find among their many homes an exceptionally competent boarding mother who would be in a position to take over these responsibilities. This, of course, would be of no advantage unless most of the patients were grouped in one community. Newark is aware of the fact that it is difficult, and, perhaps impossible, for some of the institutions to establish such a community in their environments. In such circumstances, would it not be better to transfer suitable patients to an institution more favorably located than to place a few patients here and there who must be visited and supervised? Certainly a little added help such as one or two extra social workers and a physician in the institution to which the patients were transferred could supervise many more than at present where each institution must provide a worker and physician from its own force. No provision, as yet, has been made for an added number of social workers, and any plan for expansion must take this into consideration. With their many other duties, workers do not have as much time as they should to devote to these cases. Even with an ideal setup with a good community center, each patient should be visited at frequent intervals and at the very least one social worker should be provided for each hundred patients.

The plans so far discussed deal only with the present setup, but any marked expansion must provide some means for taking care of the cases from the large metropolitan hospitals and others who are not situated so that they can place many cases in their surrounding territories. The next step, then, is the formation of an independent unit within the department, entirely separate from the hospitals and schools, having its own personnel and buildings. Such a unit would, necessarily, be located away from the large cities and in a rural community where living expenses are not too high and where each home would raise most of its produce and not be as dependent as most families upon retail prices of food. The objection might be made that no matter where located, this unit would be so far from some centers of population that there would be objection on the part of relatives of patients, but it must be remembered that for many years when the metropolitan institutions have become overcrowded, as many as three to

five hundred patients have been time and again transferred to up-State institutions and many of these are just the type who would be satisfactory for a family care project. This sort of unit would make an outlet for the metropolitan institutions which, by themselves, probably can never develop an out-patient department of this kind; and, therefore, a very large proportion of the State's patients would be excluded from this type of care.

The writer believes a great deal of thought should be given to some such plan. It should not entail a large building program. It would first be necessary to survey the surrounding territory and available homes, and any construction would be based upon this. The writer would suggest the following personnel and setup: one resident physician, one social worker for each one hundred patients, an occupational therapist, a trained nurse, a stenographer, one charge attendant or supervisor who would act as house-keeper, one attendant, a cook and kitchen helper. It might be possible to buy or rent a suitable building, as is now done in the Newark colonies, although a new or remodeled building would be more satisfactory. An ideal building should have two floors. On the main floor, there should be a physician's admitting office, an examining room, a day room large enough to accommodate social gatherings, and a small hospital ward. There should be a large dormitory upstairs. Living quarters for the physician and other employees might or might not be provided, depending upon their availability in the neighborhood. Such a building need not be directly within the community district but should be near the railroads and bus lines and within easy driving distance. Details, of course, would have to be worked out. Patients from any of the Departmental institutions could be transferred directly to this unit where they would be kept under observation long enough to determine just what type of home they would best fit into before sending them out. Patients with minor illnesses could be returned for treatment. Visits of relatives would be made here and all correspondence directed here.

Such a unit would be modeled somewhat along the lines of the one at Gheel which has proved so successful.

To sum up then, if we are to expand our family care project, the following should be borne in mind:

1. We must determine just what type of cases shall be included in family care and which will belong to other extramural groups.
2. Intensified efforts to place more patients must be made by frequent recanvassing of the institution.
3. More attention must be given to grouping patients sent out so that the physically handicapped may be cared for by other patients.

4. We must enlist the aid of county welfare departments in bearing some of the extra expenses.
5. Better organization by keeping patients in one community and the establishment of community centers must be sought.
6. Transfer of patients to institutions more favorably located for family care projects must be encouraged.
7. The use of homes as training centers must be recognized.
8. Provision must be made for social workers and physicians to supervise an expanded program.
9. Provision for an independent family care unit is needed.

Newark State School
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PREWAR FAMILY CARE IN EUROPE AND POSTWAR PLANNING FOR FAMILY CARE IN NEW YORK STATE*

BY HORATIO M. POLLOCK, Ph.D.

In submitting this discussion of family care, the writer wishes to express his appreciation and admiration of the excellent work done by the institutions of this department in placing and supervising patients in family care. No other state or country has been able to make equal progress in a like period of time. In this State, we now have a good foundation on which to build for the future.

You will observe that the writer has joined the great army of postwar planners. Postwar planning in recent months has become a popular and fascinating diversion. Planners can now give free play to the imagination without being restricted by facts, circumstances or conditions. For example, Mr. Culbertson can now shuffle nations as he would a pack of cards and tell how the international game should be bid and played to get the best results. He takes it for granted that his rules will be adopted at the close of the war. The writer does not share his optimism. It seems more probable that the "Four Aces" will promulgate quite a different set of rules and insist that the world game be played in accordance therewith.

It goes without saying that there will be many disappointments at the conclusion of the present World War, but from the great assortment of ideas that are being offered for postwar redemption, something of value should survive.

Like the other planners, the writer makes bold therefore to let his imagination loose in planning for family care following the war. We all realize that we shall have hard work to hold our own during the present conflict.

At the outset, in order to qualify for the task, the writer wishes to present a brief review of his personal studies and observations of family care in various countries.

In December, 1932, the writer presented to the Quarterly Conference held at the Psychiatric Institute, a paper on "Family Care and the Institution Problem." In preparing the paper, he read considerable literature on the subject and became thoroughly convinced that family care should be undertaken and extensively used by our department. The work of Dr. Vaux and Dr. Hubbell in establishing a family care group at Walworth in 1933, was highly gratifying. The successful operation of such a group demonstrated the feasibility of this type of care for mental defectives and led the way to the use of family care by our State hospitals.

*Read at the Quarterly Conference at Albany, March 27, 1943.

In the meantime, I studied all the family care literature available in English, French and German. I also visited family care homes in this State and Massachusetts. With the cooperation of Drs. Vaux, Smith, LaBurt, Thompson and others, who had had experience in the field, I prepared a book on "Family Care of Mental Patients" which was published by the State Hospitals Press in 1936.

The following year, the writer had the good fortune to be sent to Europe as a representative of the department and of the National Committee for Mental Hygiene to study family care in Germany and other countries. After attending the Second International Congress on Mental Hygiene in Paris in July, 1937, he visited the remarkably successful family care colony for patients at Dun-sur-Auron in France. Here, the colony center and the family homes of several of the patients were shown. An assistant physician, and a woman patient who spoke both French and English were the guides. The writer was favorably impressed by everything seen in the colony. When he was leaving, a book containing full, detailed information concerning the establishment and management of the colony was given to him.

In Belgium, I visited the famous family care colony at Gheel, and endeavored to learn why this colony had been able to live, grow and prosper for 600 years or longer. I found the answer I was looking for. Germany was divided between Miss Crutcher and me. We worked under the guidance of Dr. Arthur H. Ruggles, who represented the National Committee for Mental Hygiene.

I visited 15 mental hospitals in Germany, most of which were conducting some sort of family care. Before going into Germany, I had received a special invitation to visit Dr. Ernst Bufe, superintendent of the Allenberg Hospital at Wehlau near Königsberg. Dr. Bufe had prepared the manuscript of a book on family care which he wished me to see and later translate. He had previously read my book on the subject. I spent two days with him. He showed what his institution was doing in family care and took me to two other hospitals in East Prussia. He was using the annex system of family care.

On return from East Prussia, the writer met Miss Crutcher in Berlin and went with her to visit the Wittenau Hospital on the outskirts of that city. We were turned over to an assistant physician and a social worker and taken to some so-called family care homes which in reality were colonies or nursing homes. One of the homes had 43 patients and another 30. The homes were large villa houses with rather small but attractive gardens.

I had been especially charged to visit the widely-advertised system of family care at Erlangen Hospital in Bavaria, near Nürnberg. This hospital was reported to have about 4,000 patients in family care. When

I went there, I saw the most extensive outpatient service in the world at that time, but found that the hospital had only 53 patients in family care. The other patients included in the outpatient service numbered 3,908 on the day of the visit. The Germans use the term "*Offene Fürsorge*" to describe this type of care. The term means "open care" in English. Briefly, it is a laudable scheme to keep mental patients in their own homes and give them free psychiatric and social service. Many of the families of patients were receiving compensation for the care of their relatives, but the rate was lower than that paid to other families for family care patients.

In Switzerland, I visited Burghölzli, the well-known mental hospital at Zürich. Here I had a long conference with Dr. Herbert Binswanger, the director of family care for the canton of Zürich. At the time, he was supervising 440 patients in family care. He was also making a special study of the 682 patients that had been in family care in the canton from 1909 to 1936. Later, he sent me a copy of the book which was based on his study. His office is charged with the placement and supervision of all family care cases in the canton.

From Switzerland, I went to Scotland in response to an invitation from Dr. Fraser, a member of the State Board of Control of Scotland. At the office of the board, I conferred with Dr. Johnston, deputy commissioner and supervisor of family care. After telling of the work he was doing, he made an appointment to take me on a tour of family care homes in the vicinity of Kirkealdy. On the morning of the appointed day, we rode in a train from Edinburgh to Kirkealdy and from there went by automobile on a 60-mile tour of investigation.

The foregoing account of family care inspection trips will show that the recommendations the writer will make for postwar planning of family care are not entirely armchair productions.

We now come to the matter of planning for family care following the conclusion of the present war. Although our hospitals and schools have done remarkable work in placing patients in families, they have used thus far only the annex system of family care, which has been used by German hospitals for many years. With the exception of the small group placed at Walworth, no attempt has been made to introduce the more successful type of care used by Gheel and Dun. There is no doubt that the annex system is easier to introduce but it does not lend itself to large scale placement.

The writer is making the following proposals for postwar consideration:

1. That the work now being done in the family care field be continued and expanded. If it later develops that another method of conducting family care is preferable, necessary adjustment in the work can be made. We certainly should not lose ground while making changes. Regardless of

method, the writer thinks the expansion of family care should keep pace with the increase of patients so that overcrowding would not become serious and the building of new institutions would not become necessary.

2. Provision should be made for the appointment of a director of family care. Such officer could be attached to the bureau of medical inspection, or could have his own office and report directly to the Commissioner. The director would be a promoter and supervisor of family care. He should be a competent psychiatrist and be endowed with vision, tact and enthusiasm. He should cooperate with the institutions in developing their work in family care.

3. A separate appropriation should be made for family care. The writer thinks the time has come when family care should be recognized as a project apart from institution maintenance. The amount required for conducting family care during the fiscal year should be definitely calculated and provided for by a distinct appropriation. Such procedure would undoubtedly promote the growth of the family-care system and make it easier for the department to plan for expansion.

4. Family care colonies should be established in various sections of the State.

The main requisites of a family-care colony would be:

First, a small central hospital which would receive patients deemed suitable for family care from State hospitals or State schools. Such patients would be observed in the hospital for a few days and then be placed out in suitable families. Such is the method used at Gheel and Dun. It works well.

Second, a group of families easily accessible to the central hospital, who would receive and care for the patients assigned them. Such caretakers should receive training for their task. At Gheel, a course of training in the care of mental patients is given each winter by the central hospital to the young people of the city. Those taking the course are either young married persons or persons contemplating marriage. They desire to learn mental nursing and thus equip themselves to deal with all types of patients.

Third, a well-organized plan of operation. No system of family care will run itself. For smooth working there is required a staff of trained officers and employees who will perform their respective functions with promptness and efficiency. Skill is required for the examination of patients, for the selection of families, for the allocation of patients, for the instruction of caretakers and for the supervision and treatment of patients in their foster family homes.

A beginning in the establishment of family care colonies might be made by converting the well-built spacious colony house at Valatie into a family care hospital. Practically no additional construction work would be necessary if the present colony house were used for this purpose. To use the place, therefore, for an experimental family care colony would cost very little. The people in the small villages and open country near Valatie are already accustomed to patients from the Rome State School. It is, therefore, probable that no objections would be raised by them to the establishment of the proposed family care colony. Moreover, the location seems to be a favorable one for the placing of patients in family homes. It would seem reasonable to expect that a colony established here would soon be caring for several hundred patients. If this first family care colony proved successful, other colonies could be established in appropriate locations throughout the State.

5. Without making a definite proposal, the writer raises the question of whether the State should provide free psychiatric and social service and other necessary aid to mental patients in their own homes. Would the early treatment thus afforded greatly reduce hospital admissions?

In closing, I need not remind this audience that in every type of care the welfare of the individual patient is the first consideration. In all plans for the betterment and extension of family care, we must make certain that the well-being and improvement of patients will be promoted.

Department of Mental Hygiene
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THE WARTIME FOOD PRODUCTION PROGRAM ON NEW YORK STATE INSTITUTION FARMS*

BY C. P. NORGORD

Assistant Commissioner, Department of Agriculture and Markets

Some time ago, the Governor requested that specific plans be made for extensive increase in the production of the farms and herds of all the State institutions. Yesterday, at a conference before the Budget Director, attended by representatives of the Governor's office and of the Department of Agriculture and Markets, this order was confirmed. The responsibility for leadership and enforcement of the order was placed upon Linn C. Race, the Director of the Bureau of State Institution Farms in the Department of Agriculture and Markets.

Specific inquiry was made into the rather positive authority given by the Agriculture and Markets Law, and emphasis was placed on providing any further authority necessary in order that the department might have full power to enforce the program. The \$170,000 estimated as necessary for operating the increased production program was made available.

Director Race, the State institution farm advisers and other officials of the Department of Agriculture and Markets, together with institution officials, have presented the complete program at four sectional meetings to superintendents, stewards and farm superintendents. Mr. Race and the advisers are constantly making contacts at the various institutions, presenting and promoting this war program.

Full cooperation in planning and putting this program into effect has been obtained from the commissioners and officials of the three departments in charge of State institutions and from every superintendent, warden, steward and farmer. The program is now well under way at every institution.

The cost of increases in animals, feeds, seeds and fertilizers planned by the various institutions amounts to a total of approximately \$182,000 and the estimated returns from this expenditure, based upon previous production records, amount to over \$355,000. For the Mental Hygiene group of institutions, the total estimated cost is \$99,000 plus, and estimated returns are \$204,000.

The plans for the mental hygiene group provide for an increase of 108 cows, 225 sows producing 2,600 pigs, 67 acres of potatoes and 130 acres of garden.

Realizing the difficulty of obtaining additional hired help, the plans were based on present available supervisory employees. The plans demand, how-

*Read at the Quarterly Conference at Albany, March 27, 1943.

ever, building up each production project to the utmost capacity of its manpower. If dairymen can care for more cows, the cows should be provided. Where poultrymen can supervise a larger flock, or where the swine department can handle more sows and pigs, they should be provided, and the only added cost would be for feed.

The plans do contemplate greatly increased use of patient labor. The most capable patients, as far as possible, should be sent to the farm, rather than letting the wards have the first choice of workers. In fact, in some instances, hired help from the wards might take out on the farm patients capable of working, and supervise their work.

In some instances, women patients have successfully been used in caring for and harvesting crops. This source of labor can and should be used in this program and particularly in processing food crops, and would be especially successful where foreign women and other women trained on the farm are available.

All available and all purchasable machinery should be secured and put in condition for service in production and in canning and other processing procedure for preserving food products. This is particularly important in the presence of the shortage of employees.

This plan contemplates using every available acre of tillable land including, in many instances, parts of lawns that can be devoted to food production for the duration. The plan requires reduction to the minimum of the acreage of lawns demanding labor.

It requires, in some instances, breaking up light timber or brush land this spring for production of suitable crops during the summer. At some of the Long Island institutions there is much land of this kind available that can readily be cleared and broken up with a heavy tractor and plow. Such heavy machinery should be moved from one institution to another as the work requires. Renting available land is also desirable in some instances.

Following this general outline, let us consider more specific production recommendations:

Farm Crops. With the shortage of available seeds, some reduction in the amount of grass seeds of various kinds per acre can be made providing that the seed bed is most carefully prepared, the seeding is done with well regulated drills, and the covering and packing of the soil over the seed is carefully controlled.

A good type of grains and grasses, particularly those bred by the State Experiment Station and College of Agriculture, should be used. Hybrid varieties of seed corn should also be used where available because they will average an increase of approximately 15 bushels per acre.

The Farmers' Institute recommendations for treatments of seed and spraying of the mature crops of fruits as well as vegetables should be most carefully carried out, to control insect pests and fungus diseases.

Raising of Feed. Where sufficient land is available, an endeavor should be made to raise as large a part of the feed for dairy cattle, hogs and poultry as possible. Since the amount of high protein feeds available may be low, large acreages of protein crops should be grown, such as alfalfa, clover and other legumes, and especially soy beans. The soybean is the best means of bringing the home grown ration for dairy cows up to the desirable protein standard. Our Farmers' Institute bulletins give recommendations for the improvement of pastures by the use of legumes and fertilization. These recommendations should be studied and extensively used.

Since fresh growing pasture grasses contain the highest percentage of protein, and because the new pasture treatments can substantially increase the amount of grass produced, improved pastures are one of the most valuable crops on the farm.

A further and very important method of increasing the protein of home-grown rations lies in cutting and curing farm roughages in the early stage of maturity. At this time, the percentage of protein is high, and such early cut products have a greater palatability. Timothy and June grass cut during August and September are no better than straw.

Recent investigations show that a 16 per cent protein ration is sufficiently high for dairy cattle. This standard makes the possibility greater of producing a good dairy ration from the products of the farms.

Soil Conservation. The Federal and State Soil Commission programs have been used with profit by many institutions, together with advice from the State and Federal representatives. This practice should be put into effect by all institutions. In connection with these programs, is the possibility of obtaining commercial fertilizers and lime at advantageous prices. Such cooperation will be helpful in connection with our fertilizer program.

Fertilizer. There should be an increased use of fertilizer and manure to the level which will provide necessary plant food to produce maximum yields such as are now being used by the better farmers and are recommended in the bulletins of our Farmers' Institutes on fertilizers and soils.

Potatoes. Potatoes are one of the most important food crops grown on the farms. The institutions have made an excellent record in the production of this crop, 10 institutions having averaged 200 bushels per acre during the past 10 years. In 1941, the farms produced 19.53 per cent of all of the potatoes used, while four institutions produced their entire supply, the average cost of production being \$.611 per bushel.

With this crop, it is important to use a sufficient amount of fertilizer, particularly on the thin soils of Long Island. One-half ton per acre would be a fair average throughout the State. Certain Maine potato growers have recently bought farms and demonstrated unusual yields and profits by use of at least a ton of fertilizer per acre.

Gardens. There is no part of the farm that produces food of greater value and variety than the garden, and no part of the farm needs better and more up-to-date skill for successful production of the right variety and succession of crops to provide the highest amount of best food during the season. What was said on fertilization of potatoes applies equally to the garden. Our Farmers' Institute bulletins give excellent advice on this entire subject, and should be carefully consulted.

Dairying. Milk is the most important product produced on the farm from a food standpoint. In 1941, the farms produced 45.56 per cent of all milk used at the institutions. Seventeen institutions produced their entire requirements. The average cost of production for all institutions was \$.0462 per quart. The dairy herd and its product should therefore be handled in a most up-to-date manner. Wherever possible, milking machines should be provided.

In the medium-sized hospitals, at least, and whenever there is sufficient land, an endeavor should be made to increase the herd so that it can produce the entire amount of milk required. In some instances, milk can be separated for butter production.

On the light soils of Long Island, the acreage and herds should be increased. That soil will produce splendid crops of alfalfa, clover, vetch and other legumes. The manure from large herds added to these crops will soon bring the fertility of these areas to a point where greater crops can be produced. An institution like Pilgrim, which uses 100 40-quart cans of milk per day, should have at least 100 cows. Such a herd would produce 35 cans of milk per day. This institution has a large annual bill for commercial fertilizers. One hundred milch cows would greatly reduce this fertilizer bill, and would increase the production per acre of potatoes and garden crops. Kings Park and Central Islip are excellent illustrations of the value of the dairy herd on these soils.

From July to September, is the period when pastures are poor, and heat and flies are at their worst. For this period, soiling crops should be provided at all institutions. The Farmers' Institute bulletins give full information on varieties and methods of handling soiling crops.

The Bangs disease, tuberculosis and mastitis control programs should be faithfully applied to every herd.

280 WARTIME FOOD PRODUCTION PROGRAM ON STATE INSTITUTION FARMS

We have available at a number of institutions good bulls, young bulls bred from high production purebred ancestors, which are available by transfer so that every herd may be headed by a first class sire. Since the bull from the breeding standpoint represents half the herd, this is a most important feature to carry out.

Swine. In 1940 the farms produced 46.09 per cent of all pork used at the institutions. Six institutions produced their entire supply. The average cost at all institutions was \$.058 per pound. With the shortage of available meat on the markets, the production of pork should be pushed to the limit at all institutions.

No garbage should be sold at any institution, but all should be used to produce pork. At various places, garbage can be obtained from local army camps. This garbage has a special feed value and should be used where possible.

Wet brewers' grains are also available in certain sections of the State, both for the swine herds and dairy herds. They can be used to advantage in decreasing the cost of production and in making a saving on purchased concentrates. Garbage at institutions is fresh and, therefore, of special value. It should be supplemented by grain in order to produce a firm type of pork and to increase the gain per hog.

The best type of pork comes from hogs weighing from 150 to 200 pounds when slaughtered. On account of the shortage of fats, it will be important to slaughter hogs at a considerably higher weight during the war for a larger production of pork and useful fat.

Pasture crops planted in rotation greatly decrease the cost of production. See the Farmers' Institute bulletin for varieties and rotations.

Care should be taken to save every young pig. A simple type of brooder in the corner of hog pens, provided with heat for the little pigs, should be installed in every piggery. See Farmers' Institute Bulletin.

Poultry. The average cost of egg production for 1941 was \$.26 per dozen. In 1941, 141,037 pounds of meat were produced. The value of eggs and meat produced by the poultry at the institutions in 1941 was \$143,909.96.

The poultry flocks are susceptible to rapid increase in size and their production. Since they require a minimum of labor, in most instances one poultryman can handle a flock with the help of patient labor. Recent experiments show that good clover or alfalfa pasture will greatly decrease the cost of raising chickens. Hence our plans for individual colonies on rotated pasture acreage should be carefully carried out.

The purchase of chicks of certified quality or better is a fundamental practice toward a successful poultry industry. In recent years, Letchworth Village has produced chicks from a flock improved by trapnesting through

several generations until birds were obtained that produced from approximately 260 to 303 eggs per hen per year. The use of chicks from this institution has greatly increased the production of flocks. It is advisable that there be as large a distribution of chicks from this institution to other institutions as possible.

Exchange of Farm Products. Some areas are particularly suitable, in soil and climate, for production of certain crops that cannot well be grown in other areas. Young animals and bulls are available at certain institutions that could be transferred to others. Milk and dairy products are available in a few instances for other institutions. Fruit, vegetables and canned goods can frequently be exchanged.

Great improvement has been made in recent years in the attitude toward exchange of farm products between the institutions, and the Budget Bureau and Division of Standards and Purchase have facilitated such exchanges. These should be carried out to the largest possible extent.

Canning and Curing. The canning and curing and freezing of meats and vegetables for winter use and for distribution from one institution to another should be a most important feature of the war production program. Some of our institutions have large canning facilities and can provide food for themselves and many other institutions.

Where it is not possible to build separate canning plants and refrigerating units, they can be installed in connection with the kitchen and handled by the kitchen force.

In certain sections, cooperative quick-freezing establishments have space for rent. This is a splendid way to provide fresh meats and fruits and vegetables throughout the year.

The program for increased production on the farms is a profitable venture for the State. The figures on cost of production of the various products cited here are all substantially lower than the average contract price for 1940. With the increased prices now in effect and the improved methods on the farms, this price comparison will be much more favorable during the war than it has been in the past.

The institutions in 1940 produced 24.38 per cent of all foods used.

The value of these foods was \$1,596,054.42.

Some institutions produced even higher percentages, as for instance: Iroquois, 77.88 per cent; Industry, 75.96 per cent; Syracuse, 62.11 per cent; Wallkill, 56.76 per cent; and Hudson, 51.21 per cent.

With improved methods and more earnest activity toward production all of the institutions should greatly increase the amount and percentage of

their home-produced food. The endeavor should be, as far as possible, to cover the cost of the feeding of the patients of the institutions by their own labor in producing food on the farms.

The State is feeding 123,866 patients and employees. It owns and operates 15,278 acres of tillable land. It has 4,132 dairy cattle and correspondingly large numbers of other livestock on its 44 farms. (All data are from 1941 records.) So immense a population of State wards must have a great army of persons able to work (more or less) and who in this war period should produce a substantial part of their own food. With this great agricultural equipment and large labor force, much must be accomplished.

We are engaged in the greatest of all world wars, fighting for our very existence, feeding a vast proportion of the world's population. Food will be mighty scarce. This is a war food production program. Let nothing stand in the way of its complete accomplishment. Put it through with a patriotic war spirit.

Department of Agriculture and Markets
Albany, N. Y.

REVIEW OF LEGISLATION OF THE YEAR 1943*

BY CLARENCE M. PIERCE

The 1943 session of the Legislature considered a total of 1,650 bills in the Senate and 1,944 bills in the Assembly, a grand total of 3,594. For purposes of comparison the number considered in recent years is given:

1939	4,638
1940	4,514
1941	4,381
1942	4,077
1943	3,594

The 1943 figures show a decrease of 483 bills from the number introduced in 1942. This might be explained by the fact that the majority of both houses of the Legislature and the Governor represented the same political party. Consequently, more discrimination was shown in the quality of bills introduced than in previous sessions where this was not the case.

The classification of bills used in previous years is continued in this report without change: (1) Appropriations; (2) Mental Hygiene; (3) Pension Legislation; (4) Civil Service; (5) Labor (Workmen's Compensation); (6) Contracts and Bonds; (7) Liens; (8) Correction and Penal; (9) Social Welfare, Domestic Relations, Social Security; (10) Medical Practice; (11) Claims; (12) Miscellaneous.

Because of space limitations, the comments are limited to bills of interest to the Department which passed both houses of the Legislature and reached the Governor for consideration.

APPROPRIATIONS

The Department budget submitted to the Legislature by the Governor was passed and became Chapter 50 of the Laws of 1943. The same amounts for personal service and for time increases as were appropriated for 1942, were appropriated by this chapter. These amounts were used because of the uncertainty regarding Feld-Hamilton Law reclassification of the institutions' officers and employees. To provide for possible increases in salary, overtime payments and for full commutation, an amount of \$4,650,000 was included to supplement the regular items. Instead of the time service increases prescribed in the Mental Hygiene Law, provisions were enacted to provide for continuation of the \$100 increases, provided in Chapter 721 of the Laws of 1942, and to provide another \$100 increase for all employees re-

*Read at the Quarterly Conference at Albany, March 27, 1943.

ceiving \$1,630 annual cash salary or less. These salary increases are to be financed from the \$4,650,000 referred to.

Appropriations for maintenance and operation were based upon an institutional population of 74,700 for the State hospitals and 18,180 for the State schools and Craig Colony. This is approximately the same population on which were based the appropriations for the last fiscal year. Only one item for capital outlay was included, \$22,800 for a pasteurizing building and equipment at Middletown. Special repair items in maintenance and operation were reduced considerably below requests.

In the supplemental budget which also became part of Chapter 50, was included an item of \$10,000 for a medical director of the Department of Mental Hygiene. This was to put into effect provisions of the law which repealed the professional experience qualifications for the Commissioner.

For Brooklyn State Hospital, \$2,500 was appropriated for special repairs and replacement of three condenser coils and connections in the ice plant. For Hudson River State Hospital, \$9,500 was appropriated for special repairs, including personal service to repair the roofs on Ryon Hall. For Rome State School \$7,500 was appropriated for additional equipment.

To all State departments and agencies, \$175,000 was appropriated for maintenance undistributed with a description as follows: "For expenses of maintenance and operation in connection with increased production on State institution farms."

Part 2 of the supplemental budget appropriated to the Department of Mental Hygiene and to all institutions, \$50,000 for maintenance and operation (other than personal service) for liabilities incurred prior to April 1, 1943. This was to redeem the certificate of intent issued for deficiencies incurred by the Department. Part 2 also provides \$23,996.68 under Miscellaneous for all State Departments and Agencies for fuel, light, power and water, for liabilities incurred prior to April 1, 1943. An item of \$561,000 appropriated by Chapter 100 of the Laws of 1941, and Chapter 90 of the Laws of 1942, for Willowbrook State School, has been amended by using this sum in part; allocating \$25,000 to Brooklyn State Hospital for completion of a WPA project providing for the construction of a five-family staffhouse, truck garage, and retaining wall; and \$105,200 of this sum was appropriated to Kings Park State Hospital for completion of a WPA project for the construction of heating service tunnels. Of this same sum, \$261,000 was appropriated to the Manhattan State Hospital for the continuation of a terminated WPA project providing for the remodeling and repair of buildings, mechanical equipment, service connections and demolition and removal of portions of buildings condemned as fire hazards. A reappropriation of \$156,000 was made for furnishings and equipment at Willowbrook.

An item of \$315 which was provided in Chapter 100 of the Laws of 1941 and in Chapter 90 of the Laws of 1942 for replacement of the present hydraulic elevator with a new electric elevator in the laundry at Craig Colony was reappropriated.

An item of \$54,000 was appropriated to the Temporary Commission on State Hospital Problems for the continuation of that commission and its activities for another year beginning April 1, 1943.

Chapter 1 of the Laws of 1943, provides for a change in the fiscal year to begin hereafter on April 1, of each calendar year instead of on July 1.

Chapter 2 repeals unexpended balances of appropriations made last year so as to adjust such appropriations to the new fiscal year beginning April 1.

Chapter 43 establishes a minimum salary of \$1,200 for all State employees under Section 40 of the Civil Service Law. This Law affects only employees in the departmental offices in the Psychiatric Institute and the Syracuse Psychopathic Hospital, inasmuch as Section 40 of the Civil Service Law is the section covering Feld-Hamilton employees. As other institutions are reclassified under the Feld-Hamilton rules on October 1, 1943, this law will apply to them also. However, employees under Service 1, which is the service providing for custodial or domestic workers, are excluded from this minimum wage. Thus, all attendant personnel and domestic service personnel would not be covered by this minimum salary provision.

Chapter 493 authorizes an appointing officer, subject to the approval of the Civil Service Commission and the Director of the Budget, to appoint an employee to a lower position in title and salary than that established in the budget. For example, subject to the approval contained in this law, a junior stenographer may be appointed on an assistant stenographer item.

MENTAL HYGIENE

Chapter 691 eliminates the qualifications for the Commissioner of Mental Hygiene which have required that he be a physician with 10 years of practice and five years of experience in an institution for the care and treatment of patients with mental disorder.

Chapter 27 permits employees in State institutions to volunteer for overtime employment and to be paid at hourly rates based upon their salary. This act originally limited the amount of overtime to four hours a day and six days a week. Subsequently, it was amended by Chapter 262 which gives the same authority to institutions under other departments and in addition provides that the employee can work a full day on his pass days, plus an additional four hours overtime, making a 36-hour weekly overtime maximum.

It was believed that these two acts would relieve materially the employee

shortage in the institutions. If overtime payment based on the rate of pay the employees received were made, there is little question that such overtime would be a considerable advantage to the institutions. However, due to the recent ruling of the Budget Director, overtime pay is based on the rate of pay of the vacant position; and the effect of this ruling on the number of employees volunteering for overtime is uncertain, although it is expected to discourage provision of the overtime service needed to operate the institutions.

A series of bills which, if they had become law, would have affected drastically the operation of the institutions were introduced in the 1943 session. Many of these bills were by the same sponsor; and it is believed that they had the backing of a group of persons who have interested themselves in State hospital problems. Fortunately, none became law. Two of them were passed and were vetoed by the Governor. These were Assembly Int. 955, Print 2252, and Assembly Int. 956, Print 1980. The first bill would have required the superintendent of an institution to discharge a patient upon application of the patient, relative or friend, after a hearing, and if the patient were not violent, homicidal or suicidal. The bill also provided for an appeal to the Commissioner and the courts. It was obvious to all members of the Department what effect such a law would have. The second bill would have required the superintendent to furnish a report on the condition of the patient, containing the diagnosis and prognosis, upon application by relatives, friends or interested agencies. Inasmuch as diagnosis and prognosis are confidential information, such a report if not properly used, could have a bad effect on the future condition of the patient. Both of these bills were strenuously opposed by the Department, as well as other bills of the same type which did not reach the Governor.

Several bills were introduced tending to limit the area of responsibility for collection of reimbursement. Only one of these reached the Governor, and it was vetoed. This was Assembly Int. 1140, Print 1250, which stated that a child who had been abandoned was not liable for the support of a parent who was a patient in a State mental hygiene institution. The Department approved of the intent of this bill but opposed it on technical grounds because it would have required the submission of proof in any legal action against a responsible child that he had not been abandoned.

Chapter 698 repeals Section 51 of the Mental Hygiene Law which has heretofore allowed patients' unclaimed funds to be incorporated into an amusement fund for patients. Instead, this act requires that such funds unclaimed for six months after the death, discharge or escape of a patient, shall be turned in to the State Treasury. The Department pointed out that this act would require a more liberal appropriation for the amusement of patients in future years.

Assembly Bill Int. 1395, Print 1565, was vetoed. This would have required the Commissioner to submit basic plot plans for development and utilization of the property of each institution, after which, if approved by the Governor, no different construction or improvement could be made without an amended approved plot plan.

The Department sponsored several bills to facilitate the work of the reimbursement bureau. All these bills either failed in the Legislature or were vetoed by the Governor.

Assembly Bill Int. 1697, Print 1934, proposed that all patients be fingerprinted for purposes of identification only. This bill was vetoed.

Chapter 188, provides a \$100 annual increase in salary for all institutional employees not under the Feld-Hamilton Law, who receive a cash salary of \$1,632 a year or less. Such increases are in lieu of time service increases.

Chapter 236 continues the \$100 per year increase provided in Chapter 721 of the Laws of 1942.

Chapter 221 changes the date for the application of the Feld-Hamilton Law to employees in mental hygiene institutions from July 1, 1943, to October 1, 1943.

PENSION

Chapter 339 extends to January 1, 1944, the period when an employee may become a member of the State-wide retirement system and receive credit for allowable prior service.

Chapter 524 allows a member of the Retirement System on military duty until July 1, 1944, to borrow all but \$1.00 of the accumulated contributions at an interest rate of 6 per cent. In case of repayment, no deduction from compensation shall exceed 10 per cent of such compensation except to complete repayment by the time the member is eligible for retirement.

Chapter 393 provides that a member of the State Retirement System who is discontinued from State service without any fault of his own, shall be paid an additional pension equal to 50 per cent of the difference between his actuarial pension and the pension allowable were he 60, if he has reached the age of 50. The former law had the same provisions, except that the age was 45 instead of 50.

Chapter 338 provides that employees over the age of 60 with more than five years of service may not elect to withdraw their contributions in lieu of a retirement allowance should their service be discontinued for any reason other than death or retirement.

Chapter 372 decreases the rate of interest from 4 per cent to 3 per cent per annum, compounded annually for all members of the retirement system who become members after June 30, 1943. The present rate of 4 per cent for all persons who were members on or before that date, remains the same.

CIVIL SERVICE

Chapter 470 authorizes the Civil Service Commission to establish joint promotion lists to be used only after departmental promotion lists have been exhausted. Also, it allows the Civil Service Commission to establish promotion units within the Department. The priority for making promotional appointments shall be first, promotion unit; second, departmental promotion list; and third, general promotion list.

Chapter 395 provides that a person on a civil service eligible list whose name was reached for certification during his military duty, will have his name placed on a special eligible list in order of his original standing if application is made therefor during the period of 60 days following termination of his military duty. Such list shall be certified before certification can be made from any subsequent eligible list for the same position. Such special eligible lists shall remain in existence for a period of two years, after termination of such military duty.

Chapter 138 requires certification by the Civil Service Commission of the complete payrolls for the first payments in April and October, instead of the previous provisions for the months of July and January.

Chapter 320 gives to over-age men who have been discharged from military service to enter defense industries, the same rights and privileges as if they had continued in military duty as far as their retention in State service is concerned.

Chapter 465 establishes a new salary grade in Service I for custodial and domestic service. This grade is entitled: 2aa, and was undoubtedly designed to establish a salary grade for attendants. The salary range is from \$1,200 to \$1,600 with annual increments of \$100.

Chapter 341 defines officer and employee in order to determine their rights during absence on military duty so as not to include any person in an exempt position whose appointment is terminated or whose position is filled by other than the substitute appointments.

Chapter 187 authorizes a general temporary salary increase to meet the rise in cost of living. This increase is 10 per cent on all State salary of less than \$2,000 a year and $7\frac{1}{2}$ per cent on State salary from \$2,000 to \$3,975.

Chapter 367 extends the provisions of the military law so as to include under military duty, persons employed by the Red Cross while with the armed forces of the United States in foreign service. This inclusion will continue until July 1, 1944.

CONTRACTS AND BONDS

Chapter 580 permits the Superintendent of Public Works, with the approval of the Comptroller and the Attorney-General, to cancel or suspend a contract made prior to July 1, 1942, for any project under the jurisdiction of the Department of Public Works. This is in the event there is difficulty in obtaining sufficient priorities to complete the project.

CORRECTION AND PENAL LAWS

Chapter 382 changes the method of commitment to Matteawan State Hospital to correspond to the method of commitment to a mental hygiene hospital. This was done, apparently, because of the court decision that the previous method of commitment to Matteawan which did not require serving of a notice on the near relatives of the patient was not a valid commitment.

MEDICAL PRACTICE

Chapter 14 outlines the method of reporting to the Bureau of Vital Statistics of stillborn children.

Chapter 460 authorizes the Medical Grievance Committee to appoint a subcommittee to hear charges.

Chapter 116 extends until July 1, 1944, the provisions permitting persons inducted into military service and licensed to practice medicine, to postpone renewal of the license without examination until three months after termination of military service.

Chapter 193, extends to July 1, 1944, provisions incorporated in Chapter 761 of the Laws of 1940, to allow the practice of medicine in hospitals by physicians and internes with certain minimum educational qualifications who are not eligible to be licensed. The chapter also, extends the provision relating to medical students performing clinical clerkships.

Chapter 464 provides for biennial registration for dentists instead of the present annual registration.

CLAIMS

Assembly Bill Int. 885, Print 964, would have authorized the Court of Claims to hear the suit of Morris L. Idelevitz for injuries alleged to have been received at Kings Park State Hospital. This bill was vetoed.

MISCELLANEOUS

Chapter 540 suspends until July 1, 1944, restrictions on the purchase, sale and use by State institutions of imitation butterine, cheese and similar dairy products.

Chapter 294 authorizes the Governor, on the recommendation of the State Health Commissioner, to designate emergency health and sanitary areas when inadequate facilities or personnel caused by the national emergency exist in any locality. This law authorizes the Health Commissioner to take what steps are necessary including recruitment of personnel to meet the situation.

Chapter 289 provides that a psychiatrist employed by a State institution in the Department who is utilized in a criminal action to determine whether a defendant is sane shall be entitled only to reasonable traveling expenses and not to fee.

Chapter 402 amends extensively provisions of Section 870 of the Code of Criminal Procedure. This amendment was drafted by a committee of magistrates in the City of New York and was reviewed and approved by the Department before final passage. Under this law, no person who is not under indictment for a criminal charge may be committed on a criminal order to a State institution except for observation and report. If such a report states that the defendant is in such a state of "idiocy, imbecility or insanity" as to be incapable of understanding the charges against him or of making his defense thereto, and if the judge concurs with such report, all charges against such a defendant are abated, and the defendant is committed to a State institution on a civil commitment. Thus, it is no longer possible for defendants, particularly mental defectives, to be committed to State institutions on criminal orders for trivial offenses.

Chapter 207 continues until April 1, 1944, the Health Preparedness Commission and appropriates \$75,000.

Chapter 661 continues until March 31, 1944, the Economy Commission and appropriates \$50,000.

Chapter 326 provides that employees who accept substitute appointments, replacing people on military duty, shall upon restoration to their former positions, be entitled to receive the same rate of compensation they would have received had they remained in their regular positions.

Chapter 386 provides for the biennial registration of professional engineers instead of annual.

Chapter 219 provides that until January 1, 1944, a vacancy in an office filled by appointment by the Governor, by and with the advice and consent of the Senate, may be filled by the Governor when the Senate is not in session.

I wish again to express my thanks for the splendid work done by Miss Olive West in checking legislation, keeping track of it, and in assisting in its analysis.

Department of Mental Hygiene
Albany, N. Y.

MINUTES OF THE QUARTERLY CONFERENCE

MARCH 27, 1943

The Quarterly Conference of the Department of Mental Hygiene was conducted at Albany on March 27, 1943, with the Commissioner, the Hon. William J. Tiffany, presiding. Fifty-five members and guests were present. Family care and wartime production on the State institutions' farms were the subjects of discussion; and guests included C. P. Norgord, assistant commissioner of the Department of Agriculture and Markets, who presented a paper on the farm problem, and Lloyd Morris of the same department, who discussed the paper. Other guests included Miss Katherine G. Ecob, executive secretary of the New York State Committee on Mental Hygiene; Dr. S. W. Hamilton of the United States Public Health Service; and Dr. George W. Weber of the New York State Department of Health.

The CHAIRMAN: The Conference will please come to order. I am very glad to have this one more opportunity as Commissioner, and personally, to welcome you in Albany and to express my very great appreciation of your cooperation and assistance while I have been in my present office. Your many manifestations of friendship have touched me deeply and your devotion to the cause which we all serve will hold the highest place in my memory of our pleasant associations.

As you will see, the program is largely a symposium on family care. It seems an opportune time to try to do everything we can to expand our present program. The first speaker is Miss Hester B. Crutcher, director of psychiatric social work. She will speak on "Family Care in the United States, 1943"—Miss Crutcher.

Miss Crutcher read her paper (page 255).

The CHAIRMAN: The next paper is by Dr. H. G. Hubbell, director of clinical psychiatry at Newark State School. He will speak on "Expansion of Family Care of Mental Defectives Following the Conclusion of the Present War"—Dr. Hubbell.

Dr. Hubbell read his paper (page 261).

The CHAIRMAN: The next paper in this symposium is one by Dr. Pollock, the director of mental hygiene statistics of the Department. Dr. Pollock has asked permission to change the title from that originally given to "Prewar Family Care in Europe and Postwar Planning for Family Care in New York State"—Dr. Pollock.

Dr. Pollock read his paper (page 271).

The CHAIRMAN: These three papers are now open for discussion.

Dr. BELLINGER (Brooklyn State Hospital): Dr. Tiffany, members of the Conference: There is no question in my mind that at the close of the war the hospitals and institutions will be more crowded than ever before. Some writers have called attention to the fact that during the past few months the number of patients admitted to State hospitals has not been as great as heretofore. I believe this is largely due to the fact that many individuals who are not mentally well are able to adjust outside because of their ability at the present time to earn money to support themselves. Some individuals who are actually hallucinated, are able to work in some manufacturing plants where their conditions are unnoticed in the rush and excitement. However, as soon as the conflict is over and these individuals are called upon to compete with other more normal workers, they will be thrown out of employment, will break down and will come into our institutions. At the present time, the overcrowding in most of the institutions and hospitals exceeds 20 per cent; and, notwithstanding the fact that we have some new hospitals in the process of construction, these institutions will not, in all probability be able to care for the large number of patients requiring treatment. This demand can be met to some extent by increasing the numbers in family care.

The CHAIRMAN: Is there any other discussion? It would seem as if some of the superintendents who have colonies or who have patients in family care would like to discuss this.

Dr. LABURT (Harlem Valley State Hospital): I think the discussion as to what the definition of family care is, has been going on for quite some time. It can be reduced to a difference of opinion as to the method of book-keeping. We should assume a practical point of view. If a patient goes out on his own and can get along with little or no psychiatric help, or if the patient is paroled in the custody of his own relatives and the relatives assume the responsibility, it seems to me that we could very well put that patient under the heading of parole, but if a patient is sent out into the community and requires continued psychiatric help and guidance without which he would soon return to the institution, whether he, his relatives or the State pays for his maintenance, it seems to me that that type of patient should be included in "family care." The important thing is to get the patients out; and more important than anything else after they are out, is to not miss the therapeutic value of family care. I think in our enthusiasm to get patients out and increase the total in family care we are apt to overlook that factor. Family care has many advantages and therapeutic values. Many patients get into a rut. They feel more or less cloistered, helpless, and they just vegetate. But just give them an opportunity to earn their own room and board and a few pennies besides and their condition picks up.

I think it requires very careful planning and a thorough understanding of the whole project to launch a system of this kind. Any patient who can possibly earn his way should have that opportunity. It is very simple to take a good patient out of an institution, for instance say one whose labor is worth \$5 a week, plus room and board, and go out into the community and say, "Here, Mr. Caretaker, will you take this patient, and I will pay you \$6 a week in addition?" So as Dr. Hubbell said, it requires very careful planning and very careful pioneering. You have to be extremely tactful to gain the goodwill of the community. As to whether patients should be placed in cities or in the country, I think both can be used. We have applications all the time for more patients for placement, especially the type that can do some work in the community. We haven't a sufficient number of the proper kind of patients to go around, and, fortunately, arrangements have been made to receive a number by transfer from other institutions to augment our supply.

As to the question that was raised as to whether we should provide psychiatric help in a family and pay that family for taking care of its own relatives, I think it is a rather broad question and goes beyond the limits of family care.

Dr. KELLEHER (Rome State School): There is a close relation between family care and colony care. Because of the application of colony care to mental defectives at Rome State School, I believe I should refer to this experience.

Colony care was developed at the school under the direction of Dr. Charles Bernstein, who, in 1906, established the first colony. Dr. Bernstein was enthusiastic over the success of this experiment, and presented and published many papers on colony care. This treatment has been continued since as a therapeutic adjunct. The colony system of care has attracted world-wide attention and has been freely utilized as a method of care of the mental defective. Rome State School has had close to 70 colonies in use at one period and now has 48. I am impressed with the belief that this type of care has been a success and should be continued.

The exact differentiation between family care and colony care, I cannot make too definitely, though it would appear that under family care the family is already established and receives one or a number of patients for care in the family circle. In our colonies, parent surrogates are employed by the school. The nuclear idea is to organize the setup to compare with ordinary home life in the community. The colony family is, however, somewhat larger than the ordinary home, but this is not generally an unfavorable influence. A colony population varies from 10 to 40 patients.

The use of the colonies also varies; there are farm colonies, domestic, junior or school, vocational training, industrial and residential. Directed social training of the patient in the community is made available, creating a favorable setting for easy transition to successful parole adjustment and self-maintenance.

Financially, some colonies are self-maintaining, some partially, some supply farm products to State hospitals; others are expensive in per capita cost, such as the training and school colonies where there is no income and teachers must be provided. However, the colony expense (Brainerd School Colony per capita cost is between \$9 and \$10 a week) cannot be regarded as excessive, when the social return from the training through community contacts is balanced as profits against the financial expense.

During colony care, many patients are able to accumulate savings accounts.

The management of large numbers of colonies presents difficulties. Of late it has been difficult to lease suitable residences at Rome.

Colony care has been a success. It has assisted in bringing about results that have permitted the school to place many of the mentally defective in the community in self-supporting jobs, to place others back in their own family circles, and, still further, it has provided a pleasant home type of life for the more incapable, and through cultural and industrial training, has brought about a degree of industrial efficiency in this latter group that makes them a help and asset in performance of necessary school work.

Boarding out or family care may well have a place for many of our group.

Referring to the suggestion by Dr. Pollock that Valatie Colony be taken over by the Department as a center for temporary placement of patients from various State hospitals awaiting family placement, I could not stand in the way if it became the policy of the Department so to utilize Valatie Colony. I do wish to note that this colony has been under the direction of Rome State School for approximately 25 years, and that approximately 60 patients are under care and training in agricultural and dairy projects. This colony is close to being self-maintaining, and furnishes fruit to various State hospitals. It has taken many years of patient labor to bring about the present favorable dairy and agricultural setup. Considerable loss would be incurred if agricultural and dairy activities were now suspended.

The CHAIRMAN: Is there further discussion?

Dr. WITZEL (Newark State School): I was very much interested in these talks and papers, mainly from the viewpoint that in presenting them, the authors had no wild dream as to the future. These papers deal with post-war problems and are limited to generalities, not details—a good point. We

shall have to wait to obtain a clearer picture of the postwar situation. At present, we cannot even guess what that picture will be. Regarding colonies, I think we have gone beyond the point in question. We are talking about family care, placing patients in families so that they will have family life, not colonies, which are something entirely different. We know that colonies in themselves do not provide family life. If we want to plan for more colonies, why not talk about that instead of family care? As to the proposition submitted by Dr. Pollock that we provide medical and psychiatric care for the families of our patients, I think that is a matter entirely for the future.

The CHAIRMAN: Of course that was spoken of as a postwar program.

Dr. WITZEL: We cannot visualize the family care plans that will be set up after this war. I do not know about Walworth after the war. In our community, they are still staying on the farms but if they are going to be offered \$100 to \$200 a week, they may not stay on the farm.

The CHAIRMAN: I hope the speakers from the Department of Agriculture and Markets will help us out on this.

Dr. BLAISDELL (Rockland State Hospital): This subject has been treated so exhaustively in these papers there is little one can say without repetition. In the last two weeks, we have had an experience that hasn't bothered us much before and that is that in two homes where we have quite a number of patients in family care, the zoning ordinance has interfered, necessitating that the families move; and they are having difficulty finding suitable places for family care homes. Perhaps Rockland County is a little different from most other counties in that, although there are not very many large communities, we have five or six towns or villages with from 3,500 to 6,000 people; there are many boarding houses in the county, and they have to be licensed. Perhaps that is the reason that the zoning ordinances are set up so freely in our county.

Dr. WEARNE (Wassaic State School:) In New York, if by order of the court an insane person or mental defective is committed to a State hospital or State school, the institution is required to accept the patient, whether there is a vacancy or not, if he or she is insane or mentally defective, respectively, and if the commitment papers are legal. This results in overcrowding. In some other states, particularly with reference to mental defectives, this does not obtain. New patients are not received in the institutions for mental defectives in those states unless there are actually vacant beds. This has resulted in long waiting lists of patients for admission, who are temporarily supervised by welfare departments. Frequently, many of these children become adjusted and are never admitted to an institution.

Dr. HAMILTON (Washington, D. C.): As regards the policy of refusing

to admit persons to our institutions for defectives, it may be remarked that in several states an institution may be declared full to capacity by its superintendent, and then no admissions can be accepted—unless perhaps some person of influence in the state government interests himself and applies quiet pressure on behalf of some candidate for admission. Nothing in that system can be greatly commended to the State of New York, for although defectives may thus be forced to get along in their homes, or in the jails, they are much better off in our training schools.

The CHAIRMAN: I would like to ask the readers of the papers if they care to discuss them in the order in which they were read.

Miss CRUTCHER: As I see the development of family care in the future, I think there is a place for colonies. Dr. Pollock and I were very much interested in the convalescent homes, somewhat like our colonies, we visited in Germany. These might be developed as part of a family care program.

In considering the mental defective, without discouraging the colony system, because I am most appreciative of it, the vocational adjustment of the mental defective is made, by and large, in the home. The boy works on a farm, and the girl works as a domestic. Those seem to be the most satisfactory adjustments for them. Both have to have the very close supervision given in these home placements for a good part of their lives. I do not think the colony gives them the opportunity to learn to live in a home setting. I think that as family care develops more extensively all over the United States, it will develop along two lines, the custodial and the therapeutic. At the present time, people are, I think, more enthusiastic about therapeutic care which precludes custodial care to some extent. I cannot close without voicing my disagreement with Dr. Pollock about the colony system. I am not yet convinced that a large colony system, such as Gheel, is necessary in this country, certainly not until each institution has exhausted the resources for family care in its own district, and until up-State resources are exhausted for the metropolitan hospitals.

Dr. KELLEHER: One could spend hours discussing this subject and the question of colonies as a final solution.

Dr. HUBBELL: Referring to Dr. LaBurt's remarks, I think that it doesn't make so much difference whether we consider the patients as in family care or on parole, but the classification should be uniform for all the institutions so that we could know what we meant by family care. The colonies certainly have a place in the institutional program, and at the time that Dr. Sanger Brown wrote the article which I quoted, Rome had had colonies for children for 10 years. The children were going to public schools but were under the employees of the institution, and I would hardly call that family care in the way that we look at it today. Family care means a family home for

the patient, but if we are going to put a great many in one home, I think they should be under the employees of the institution as in present colonies.

Dr. POLLOCK: I agree with Miss Crutcher and Dr. Hubbell that colonies are necessary and that the introduction of colony care was a great advance over care in the old type of institution. I think colony care should be continued, probably expanded. I want to make it clear that the family care colony is not the same type of colony as the one Dr. Kelleher was talking about. The family care colony is a small hospital which gives temporary care to a group of patients—sent from a State school or a State hospital—and later sends the patients out into families.

I also think that we should give attention to the establishment of nursing homes. Dr. Smith read a paper on that subject several years ago and made a deep impression on the conference, but unfortunately the time has not been opportune to establish nursing homes in this State.

The CHAIRMAN: We are very appreciative of the very fine papers and the discussion. I think it was very much worth while.

We felt that at this season of the year and especially in view of the national and state programs to promote agriculture, that it would be an excellent thing if we could induce some one from the Department of Agriculture and Markets to give us some idea of what they think is possible to do on our institutional farms, and we have been very much gratified by their response. Mr. Race was suddenly called away. He was going to give us a paper on the "Possibilities of Increased Production on our State Institution Farms," but we are delighted that Mr. Norgord, the assistant commissioner of agriculture and markets, has consented to act for Mr. Race and we are very fortunate in having him. Mr. Norgord, we will be delighted to hear from you.

Mr. Norgord read his paper (page 276).

Mr. NORGORD: I will call on Mr. Lloyd Morris of our department to discuss the subject.

Mr. MORRIS: I have felt that our State institution farms have been operated for a long time to meet the budget which was allocated to them rather than that the budget was being made to fit the needs of the farms. Because of that, our farm production has been terribly curtailed. That didn't affect us so much as long as there was a food surplus on our markets, but when we began to run into a food shortage and into food rationing, it makes us wonder if we haven't made a mistake in not allowing our farms to run at top level of production. Personally, I think our State farms should be kept at the top level to balance these cycles when we run into a shortage of food. I have nothing definite that I can give you as to how this present budget is to be handled. I do know that moneys have been allocated out

of these increased appropriations to buy seed potatoes, fertilizer for those potatoes and for other farm crops as was estimated by our bureau. At the present time, we have sent over to the Budget Bureau an estimate of the other items that we think must be taken care of at once. Those would include an allotment for garden seeds and spray material for the prevention of plant diseases. I think our original request for all institution farms was \$182,000 in round numbers. The bill as allowed granted an appropriation of \$170,000.

The CHAIRMAN: We have felt this to be a very important subject and that it was a good time at a conference like this to urge the superintendents to speed the progress of this agricultural program in every way possible. I would like to urge the superintendents to think of it as a food production project and then organize and enlarge facilities for the preservation of food after it is grown. And it seems to me a good plan to try to urge the institutions in different parts of the State to produce what their areas and lands are best fitted to produce. We know that certain institutions produce a large amount of potatoes, not only enough for their own use but enough to send potatoes to other institutions. Cabbage can be grown almost everywhere, I would think. Cabbage makes excellent food; sauerkraut is easy to make and easy to preserve. Barrels are always available if tin isn't or glass or earthenware. Think of what the locality can best produce, one area, fruit; another area, milk; almost all, pigs, except some of the city institutions. I would like to hear a comment from Mr. Norgord as to our best time to kill pigs and the most economical time.

Mr. NORGORD: The usual profitable time to kill pigs is when they weigh 175 to 200 pounds. This year, however, the advice is that we feed hogs longer to get a larger production of food. The spring pigs usually are ready for slaughter about September and the fall pigs probably the next June. I think Mr. Morris might tell us a little about that.

Mr. MORRIS: Some institutions are in a position to have pigs born all through the year. One institution in the Department of Mental Hygiene has gone a long way simply by adding another brooder in the piggery. With the light and a little extra warmth, I think it is going to work out. Other institutions in the Department of Correction have used this system successfully for some time.

As to the cold storage or freezing of pork, it doesn't take so much storage room providing you are willing to cure part of it. In other words, the carcass of the pork goes into the butcher shop. Practically all of that carcass except a few trimmings and the loin can be put into either bacon, hams, shoulders or salt pork. That put into the cure doesn't need refrigeration. All you have left that requires storage would be the loin, and you can store a lot of loin in a small storage space.

As Commissioner Norgord stated, the best weight to slaughter hogs for institution use is at about 200 pounds. If we hold hogs to a heavier weight, we are going to run into production of more excess fat. Perhaps this will be more acceptable at this time, due to the shortage of fats on the market. If we find they can use it to good advantage, all well and good, but it still is the contention that when the animal reaches the condition best suited for that particular institution, it is much cheaper to hold the meat in storage or brine than to hold the live animal in the feed lot.

I might say that our feed contracts are being held up. If we have to pay \$10 a ton more than we are already paying, it would make it more nearly imperative that we do not feed the hogs any longer than necessary.

The CHAIRMAN: This presentation by Mr. Norgord and Mr. Morris, for which we are very grateful, is open for discussion.

Dr. GRAY (Gowanda State Homeopathic Hospital): A thing which is of great importance from my standpoint is this: There are many of our hospital dairies where it is not possible to purchase herd sires equal to the production records of the presently milking cows. I should like to be able to trade some of our young stock or slaughter some old cows and trade the meat to another institution for a young bull who had in his family history an excellent record of milk production.

We had a terrible thing happen to our herd a few years ago at the time the hospital was increased in size. It then became necessary to purchase 30 milch cows to raise the daily amount of milk. At that time our herd of 75 milking cows carried a Tuberculosis Free Accredited Herd Certificate and, according to tests made by the hospital pathologist, we had no infection from Bang's disease. The animals produced 50 pounds per cow per day. The 30 animals to be purchased were certified as free of tuberculosis and Bang's disease. After they arrived and a period of quarantine was over, we discovered both tuberculosis and Bang's disorder in the new herd. You can readily imagine what Bang's disorder did to the average daily production record. At one time, we used to be high on the list of institution herds in the point of production. Instead of being close to the top we went to the bottom.

In the last few years, the transfer of patients to Gowanda State Hospital has raised our requirements of milk to approximately 4,600 pounds per day. At the present time, we are producing close to 2,600 per day. We supplement this with powdered milk and other substitutes, but it is not possible to do what we desire for our patients under the present conditions.

While it is true we are increasing our annual production by careful selection and other methods, we are and have been handicapped because we cannot purchase qualified sires. Recently I have learned of a herd in Onon-

daga County with an average production of 15,000 pounds of milk per cow per year. We should like to have an opportunity to obtain a young bull from a herd with such a production record. If I could trade—say 500 pounds of veal to such an institution—and get a young bull from a high producing cow, I am satisfied the result would be of tremendous advantage to our institution herd. Formerly, our herd averaged close to 13,000 pounds per cow per year. Today, after the inroads, especially of Bang's disease, we do not average 11,000 pounds.

The CHAIRMAN: In other words you want to breed and develop your own herd instead of purchasing outside.

Mr. NORGORD: Mr. Morris, can you tell how you can get a bull for Dr. Gray?

Mr. MORRIS: Dr. Gray, I am interested in the same thing you are, not only for your institution but for all institutions. After a lot of correspondence and looking around, I finally got approval for one institution herd under the herd test; that is the record of production as kept by our State and Federal authorities. In this herd, are some animals which are worthy of producing just the type of sires you speak of. In fact, about a month ago one cow there in the herd had produced \$1,170 worth of milk at contract price, over a period of about 500 days. We have others in the same herd with around 22,000 to 23,000 pounds production in 305 days. This herd is being culled, and all the bull calves will be offered that are suitable to go into other herds.

The CHAIRMAN: Are there any other comments?

Dr. MILLS (Creedmoor State Hospital): I feel that I must stress the lack of help, lack of employees, and lack of working patients and make the suggestion that I have made once or twice before, that some of us might be assigned patients from the schools to work on our institution farms.

The CHAIRMAN: The Department is very sympathetic to that request and has given a great deal of thought to it. There are some problems involved as to whether mental defectives should be in State hospitals and whether that is in conflict with the statute and whether they should be discharged and employed so they can be paroled or whether they should be transferred. I have been almost inclined to direct such a transfer in view of the emergency and then let the difficulties appear. However, that is still under consideration.

Dr. KEILL (Willard State Hospital): There is one other angle that Mr. Norgord commented on and that is the matter of garbage. I don't know whether the Commissioner appreciates that as the quality of the food in the institution improves, the quantity of the garbage decreases. If we are going to feed a larger number of hogs with a smaller amount of garbage, we have got to have an increased amount of feed and that will cost money.

The CHAIRMAN: An interesting comment was made by Dr. Bryan at Worcester. He said that, with a cafeteria at Worcester, there would be almost no garbage.

Dr. STORRS (Letchworth Village): We were all notified to buy in the open market. Is grain available in the open market?

Mr. MORRIS: I think that certain types of grain are in good supply. There is only one class of feed that I think you will have any trouble buying on the present market and that will be the hog feeds. Your dairy feeds and poultry feeds will be available.

The CHAIRMAN: I am afraid we might get into too long a discussion, but I have often wondered why we do not on our own farms try to raise some of the feed we buy, especially for poultry, cows and hogs. Would it be too expensive a rotation or can't we do it?

Mr. NORGORD: We have some corn and barley and wheat which you raise on the farm. And soy beans are coming to be a wonderful crop, and they furnish high proteins. Further than that, we can find that the 16 per cent protein ration is just as high a protein ration as we need, and if you raise soy beans together with your other beans, you will not need to buy other protein for your cows.

Mr. MORRIS: I would like to add one thought to that. An acre of almost any grain will produce about \$75 worth, whereas an acre of tomatoes, rutabagas, or any other edible food you can produce of the same quality, we can estimate at well over \$300.

The CHAIRMAN: That is probably the answer to the situation. We are very grateful to you, Mr. Norgord, and Mr. Morris, for coming. With the full realization of the employee shortage, the equipment shortage and the difficulties in getting fertilizer and seeds seasonally and getting them in the proper time, let us do everything we can. Let us double up our efforts to produce in that way. We must proceed with the rest of the program.

Mr. Pierce's Review of the 1943 Legislation which relates to the Department will now be given—Mr. Pierce.

Mr. Pierce read his review (page 283).

The CHAIRMAN: Thank you, Mr. Pierce, for the fine report on legislation. We will proceed to the reports of committees. First is the report of Dr. Pritchard, chairman of the Committee on Nursing—Dr. Pritchard.

Dr. Pritchard read his report.

REPORT OF THE COMMITTEE ON NURSING

The Committee on Nursing met at 7 p. m. on March 26, 1943, at the DeWitt Clinton Hotel, Albany, all members being present.

The committee approved the recommendation of the Department of Education that a student of the Binghamton State Hospital School of Nursing, now in military service, be granted his diploma even though a few weeks of the three-year period of training had not been completed when he entered service.

Consideration was given to the inquiries that have been made by some schools as to the rearrangement of the schedule to permit completion of classroom work within 30 months, thus making students available for ward service entirely, or possibly for military service during the final six months of training. This suggestion was made by nursing organizations and others as a means of meeting the shortage of nurses for military service. It was the opinion of the committee that the rearrangement of a schedule should be a matter for each school of nursing to bring about if it desired.

Under date of March 8, 1943, Commissioner Tiffany directed the Committee on Nursing to revise the outline for the course of instruction given attendants and to present the suggested revision in the committee report to this conference. Each hospital was requested to send the chairman of the committee a copy of the outline now followed. Three members of the committee met for three days at St. Lawrence State Hospital, and consideration was given to all outlines received. The revision has been arranged which carries a minimum of 17 hours and a maximum of 30 hours. The titles have been made broad and inclusive so that each institution may arrange to give as much time as it deems desirable to each topic. This arrangement was made because it was found there was wide diversity of opinion in the various institutions as to the number of hours of instruction that should be given on various subjects.

In order to provide for a proper attendant's record it was necessary to suggest to the Committee on Forms a modification of Form 189-Med., so that a satisfactory record may be kept if the minimum or the maximum courses are given.

The committee also approved at its meeting the modification of certain forms used in the school of nursing. The privilege of making these modifications was granted to the Committee on Nursing some time ago by the Committee on Forms.

Respectfully submitted,

J. A. PRITCHARD, M. D.,
Chairman, Committee on Nursing

The CHAIRMAN: What is the Conference's wish in regard to the report of the Committee on Nursing?

It was moved, seconded and carried that the report of the Committee on Nursing be adopted.

The CHAIRMAN: Next is the report of the Committee on Home and Community Care, of which Dr. Ross is chairman—Dr. Ross.

Dr. Ross read his report.

REPORT OF COMMITTEE ON HOME AND COMMUNITY CARE OF INSTITUTIONAL PATIENTS

The papers today on family care have been so enthusiastically endorsed by the speakers and those who discussed them, that one would think family care was marching steadily forward. This is not so. Your committee regrets to report that in the last three months, there has been a decrease in the number of patients on family care in the State hospitals, this decrease being from 1,281 on December 1, 1942, to 1,249 on March 1, 1943, a total of 32 patients. In the State schools, the decrease has been from 585 on December 1 to 566 on March 1, a total of 19. During this period, however, 37 patients were paroled from the group of State hospital patients in family care and four patients were discharged without the usual parole period. No paroles were listed from State schools. There have been additional patients placed continually in family care but not in sufficient numbers to make up for the necessary returns to the hospital and the number going on parole.

The rate of parole from family care has been about the average for the State hospitals. Considering the fact that the great majority of patients is of the continuous treatment type, this speaks well for the value of family care. It has seemed that patients who have been rehabilitated through family care are able to make more permanent and satisfactory adjustments than those who leave the hospital directly to go on parole.

Your committee considered carefully the matter of private reimbursement on family care. It recommends, where relatives are paying for the maintenance of the patients, that the agreement be between the relatives and the caretaker directly and that the hospital should not act as an agent in collection. It is suggested that a form of agreement be drawn between the relative and the caretaker and a statement added that in the event of the failure of the relative to keep up payment, the State will only assume responsibility for a rate not exceeding \$7 per week. Mr. Rickards of the Department is to prepare such a form for submission to the Commissioner.

When this has been approved by the Commissioner, it is suggested that all institutions obtain supplies of such forms and use them as far as possible where private maintenance of patients is involved.

Respectfully submitted,

JOHN R. ROSS,

Chairman, Committee on Home and Community Care

The CHAIRMAN: What is your pleasure regarding this report?

It was moved, seconded and carried that the report of the Committee on Home and Community Care be adopted.

Next is the report of the Committee on Statistics and Forms, of which Dr. Pollock is chairman—Dr. Pollock.

Dr. POLLOCK: The committee met March 26 and was aided in its deliberations by Drs. Lang, Lewis and Hamilton. The committee considered the revision of Form 42 Med., which is used for a series of reports of laboratory tests and procedures. A series of slips to be attached to the form, run from a to l; these were carefully considered and are now recommended for adoption.

The committee also considered the form used for the record of medical officers, Form 21-D. M. H. A new form has been prepared, and is submitted by the committee for approval.

The committee also took up the revision of the Statistical Guide. Changes are recommended which will make the guide conform more closely to the Statistical Manual recently issued by the American Psychiatric Association and the National Committee for Mental Hygiene. If the changes are approved the guide will be promptly printed and made ready for distribution to the hospitals.

The CHAIRMAN: You have heard Dr. Pollock's report of the Committee on Statistics and Forms. What is your pleasure?

It was moved, seconded and carried that the report of the Committee on Statistics and Forms be adopted.

The CHAIRMAN: Next on the program is unfinished business. If there is none, we will proceed to new business. Is there any new business to be considered at this time? If not, the meeting is declared adjourned.

The conference adjourned.

NEWS OF THE STATE INSTITUTIONS FOR THE HALF-YEAR PERIOD
FROM JANUARY 1, TO JUNE 30, 1943

NEW INSTITUTION FEATURES, ADMINISTRATION, CONSTRUCTION, MAJOR IMPROVEMENTS, OCCUPANCY
OF NEW BUILDINGS, ETC.

STATE HOSPITALS

BINGHAMTON

A large room in the basement of the assembly hall has been converted into a recreation room for employees. A juke box has been furnished, current periodicals are loaned from the library, and a ping pong table has been purchased and installed.

BROOKLYN

The Work Projects Administration project at this hospital closed on January 23, with the five-family staffhouse approximately 85 per cent completed and the extension to the garage and the new retaining wall about 50 per cent completed. The Legislature since made an appropriation so that it was possible to complete the garage and retaining wall with special fund labor. The work of plastering the staffhouse is progressing as a special fund project and will be completed within the next two weeks.

CENTRAL ISLIP

Eight acres of an overhead irrigation system have been added to that already completed, giving the institution 17 acres under irrigation.

Construction work on the new infirmary building, No. 95, for 600 patients, including sanitary, heating, electric and connecting tunnels, has been advanced to approximately 65 per cent of completion.

HUDSON RIVER

A new sick bay has been opened on Ward 20 for employees in rooms formerly occupied as employees' quarters.

KINGS PARK

Work on the new horse barn and implement storage shed is about 70 per cent completed.

MANHATTAN

The sum of \$261,000 was appropriated to complete the unfinished work of the WPA, the personnel of which was withdrawn in January. The major portion is done by employees engaged through special funds; 158 men, including plasterers, painters, carpenters, laborers, etc., are now at work. The chief piece of reconstruction is in the main building where a cinder concrete fill is being applied to the third floor, preparatory to the removal of the mansard roof. When this job is finished, the main building will have two stories with a parapet type roof. Despite the general shortage, there is a local surplus of labor.

The demolition of Camp Dent was effectuated in May, and the completion of the demolition of the east building was brought about in January.

The installation of a 250 KVA engine generator received from Creedmoor is 80 per cent completed.

Many alterations and repairs have been made to improve sanitary conditions; the ice plant is being rebuilt.

MARCY

A central clothesroom has been constructed on the second floor of F building to replace the separate clothes rooms on the eight wards in that building.

MIDDLETOWN

The WPA brought its operations to a close at this hospital on April 30, after completing, among other work, the laying of a tile floor in the kitchen and one dining room of the tuberculosis pavilion; and doing extensive interior and exterior painting.

ROCKLAND

During February, steam for heating and use in kitchen equipment was turned on in a number of new buildings erected near building 60 for the army camp. A fourth boiler was put into service to take care of the additional load. The army camp sanitary sewer from Area 8, which is near building No. 60, was connected to Rockland's sewer near building No. 12.

WILLARD

Four new portable hog houses to provide for increased production have been built by hospital carpenters; four new brooder houses to accommodate 1,000 chick have been built; and 150 rods of new farm fence have been put up to increase pasturage.

STATE SCHOOLS

NEWARK STATE SCHOOL

A new carpenter shop, 40 feet by 70 feet, and a locker and shower room for employees and patients at the power plant, both WPA projects, have been completed by the institution forces.

ROME STATE SCHOOL

Construction is proceeding on a new pasteurizing unit which will have a capacity of 400 quarts of milk a day.

The administration building and C building (officers' quarters) have been extensively remodeled. Consolidations and economies of administration have been instituted in attendants' dining rooms. A chef has been obtained, and an improved dietary has already been noted.

A pharmacist reported for duty June 16. Drug rooms have been centralized, and all medical supplies are issued from a central pharmacy. A druggist had been needed for a long time.

SYRACUSE STATE SCHOOL

Considerable interior repairing and redecorating has been done. New radiators have been installed in the three porches of the hospital building. This will provide additional bed space, also better facilities for the care of infectious and contagious diseases.

The cream from one-third of the school's milk is being sent to a dairy, and approximately 45 pounds of butter per day are obtained for institution use. Home-produced hams and bacon are now being cured and smoked at the institution. The barn which was destroyed by fire last year at Amos Colony is being repaired.

WASSAIC STATE SCHOOL

Building "R" is being altered to accommodate runaway patients. Window guards are being installed and a concrete wall constructed at the rear between dormitory projections to form an exercise court. A dining-room has been located in the basement.

NOTEWORTHY OCCURRENCES

BINGHAMTON

The term of Lee R. Harrison, as a member of the board of visitors of this hospital, expired December 31; Isaac Baldwin tendered his resignation as a member because of ill health. On May 27, Mrs. Leeta Button of New Berlin was appointed a member.

Presentation of arm bands and certificates for qualifying in various positions in the defense setup was made at a meeting in the assembly hall, January 8 to more than 100 officers and employees.

During February, the hospital turned over, as scrap, 2,385 pounds of tin cans which were properly prepared by the sheet metal department.

On May 7, 30 male patients were received by transfer from Kings Park State Hospital.

At present, there are 104 officers and employees in the armed forces.

William Morrison, farm employee, died January 17.

BROOKLYN

The Psychiatric Society of Metropolitan State Hospitals met at Brooklyn on February 26, and the New York Society for Clinical Psychiatry met there March 11.

Graduating exercises of the school of nursing were held on the afternoon of June 26, when 14 men and 29 women received their diplomas.

Susan C. Wilson, chief occupational therapist, entered military service on May 8.

On Monday, June 28, the hospital received an award of a certificate of merit for the assistance it had given to the Office of Civilian Defense in the community. The presentation was made by Mayor LaGuardia of the City of New York, at appropriate exercises in the City Hall.

On April 1, representatives of the Governor's Temporary Commission on State Hospital Problems, who had been at the hospital since July, 1942, completed their study and review of the first 1,145 cases of dementia præcox treated with insulin at this hospital between January 1, 1937, and June 30, 1942. The hospital administration expresses the hope that the results of this study, which are very interesting, will be published in the near future.

BUFFALO

On May 8, Governor Dewey appointed Mrs. Sidney Wallens of Buffalo as a member of the board of visitors to succeed Mrs. David Diamond, whose term has expired after service for 14 years. Mrs. John R. Hazel, member of the board for the past 25 years, resigned on May 12.

Miss Laura T. Post was appointed assistant social worker on June 1 to succeed Miss H. Lucile Walter.

Edward M. Fox, assistant engineer, in the service 19 years, died suddenly on March 10.

Miss Fanny Short, charge nurse, retired February 28, after 30 years of service. Mrs. Hazel Kennedy, laundress, retired May 9, after 20 years of service. Mrs. Amelia Chapman, dining room attendant, retired on June 11, after 15 years of service.

CENTRAL ISLIP

In January, this hospital was approved by the American Red Cross for training and teaching nurse aides, and on February 24, a course for volunteers was started with 18 enrolled. This course was completed on April 30 with 17 receiving caps, pins and certificates. All are now giving service to the hospital. A second course for seven volunteers was completed June 30.

On February 3, the school of nursing admitted the first February class in its history.

The hospital commissary in the basement of Robbins Hall was entered during the night of February 15 and approximately \$65 taken from the cash register. The State troopers found no evidence as to the thief.

Twenty-seven male and 10 female tuberculous patients were received by transfer from Creedmoor State Hospital on February 2; 28 men and 12 women, on February 5.

This hospital will take students from Adelphi College, which inaugurated a school of nursing on February 4, for a 12-week training period in psychiatry during their second year.

A Washington's birthday show by the patients' band and glee club was presented in Robbins Hall February 22 and February 23 for patients, employees and friends.

A large number of employees, including chief supervisor, supervisors, nurses and attendants, have volunteered to do overtime work of four hours each day, six days a week.

On June 17, Dr. Alonzo F. Smith, senior assistant physician, and Frank A. Campbell, transfer agent, left for destinations in several southern states to interview and examine interested applicants for employment in the New York State hospitals, recruited through the United States Employment Service.

This hospital held "Open House Week" from May 10 to May 15 to interest high school pupils in the school of nursing. Forty-six young women from nearby high schools visited the hospital.

The graduation exercises of the school of nursing were held in Robbins Hall June 17. Eighteen women and four men received diplomas.

Since January 1, 20 employees have left to enter military service, two of them women charge nurses.

Three employees have died during the past six months: Owen Doherty, ward attendant, January 17; William A. Galbally, special attendant telephone operator, April 6, and Edward O'Mara, cook, April 29.

Lucy J. Wachtell was appointed social worker, February 15; Helen Werner, assistant social worker, March 1; and Joanne Miller, assistant social worker, March 16. Dorothy M. Bermant was promoted from attendant social worker to assistant social worker, March 1.

Mary A. Sullivan, assistant social worker, resigned February 28; Lucy J. Wachtell, assistant social worker, February 28; and Helen Werner, assistant social worker, May 31.

CREEDMOOR

The Rev. Vincent Frahlich of the Passionist Fathers' Monastery in Jamaica, attending priest for a number of years, joined the army and was inducted as chaplain March 30.

A service plaque bearing the names of those in the armed forces and purchased through subscription of employees and officers was dedicated in the assembly hall December 12 and later mounted in the lobby of the Administration building.

This spring additional work was done at the wooded area north of Union Turnpike, more underbrush was cleared out, a fire place and benches were built, and the area is again used for patients' parties and picnics. Shortage of employees continues to prevent baseball games and interferes very materially with outdoor recreation and physical training.

Dr. Wallace M. Chapman of Civilian Defense has recommended that the hospital receive supplies so that in an emergency it could care for 200 injured or receive 200 convalescent patients evacuated from other hospitals.

GOWANDA

On January 21 and 22, a transfer of 48 male and 67 female patients, diagnosed as tuberculous, was received from Buffalo State Hospital and an equal number of nontuberculous patients was transferred to that institution.

Six members of the Gowanda medical staff are spending one day each week making psychiatric examinations at the army induction center in Buffalo.

HARLEM VALLEY

Seven graduate nurses and 20 student nurses attended the "Tribute to Florence Nightingale," sponsored by the New York State Nurses' Association, at Poughkeepsie High School, May 12.

Miss Mary King was appointed principal of the school of nursing on January 1; Mrs. Irene O. Mason was appointed assistant principal on March 15.

Mrs. Marguerite Bowles, assistant social worker, resigned February 28.

HUDSON RIVER

The Dutchess County Medical Society holds its monthly meetings at this hospital. Speakers have been Dr. Samuel J. Kopetsky, M. D., F. A. C. S., colonel, M. C. R., U. S. A., president of the Medical Society of the State of New York, on "Physicians in National Defense;" Drs. Milton J. Rasbeck and Samuel A. Thompson of New York, on "Surgical Treatment of Coronary Disease;" Dr. Bela Schiek of New York, on "Pediatric Progress;" and Dr. J. Spottiswood Taylor, director of laboratories of Kingston, on "The Blood and Plasma Bank in Smaller Medical Centers."

Hospital Day was observed on May 12 by open house from 1 to 4 p. m. Special demonstrations and exhibits were arranged; guests were conducted on a tour of various departments; and tea was served.

The following employees retired on pension during the past six months: Margaret Riley, charge nurse; and Nellie Nolan, housekeeper; George J. Dyson, launderer; and Frederick J. Kilmer, farmer.

Deaths during the period were: Bessie Bingle, housekeeper, January 10; Marguerite F. Walter, charge nurse, January 17; Florence Ungerathen, special attendant-clothing clerk, January 23; Herbert C. Wood, attendant, March 19; Charles W. Kendricks, attendant, May 29.

Since January 1, the following employees have entered military service: Harry L. Black, Roland Tompkins, Roger A. Owen, Alfred A. Killian, Clifford R. Ward, Harold J. Barnhart, Peter E. LeSoine, George M. Dvorick, Vincent J. Daley, James F. Dingman, Charles R. Brown, Ethel V. Lampkins, Hallie E. Gordon, Emidio F. Malagrino, John J. Steinmetz, William R. Dalrymple, Byron Eldrid, Larry S. Woodin, Mary J. Ryan, Dorothy E. Odell, Jane M. Armstrong and Leonard Moretti.

KINGS PARK

The following group transfers have been received: in January, 50 women and 41 men; in February, 25 women; in March, 25 women; in April, 50 women and 50 men; in May, 30 men, all from Brooklyn State Hospital; in May, 30 men and 31 women from Manhattan State Hospital.

On March 2 and May 4, clinics were conducted by the Red Cross at the hospital for donors to the blood bank. There was a generous response.

On March 31, Dr. Robert E. Plunkett, general superintendent of tuberculosis hospitals, State Department of Health, visited and inspected the hospital tuberculosis wards with a view to the possibility of enlarging the service to take tubercular patients from other hospitals in the metropolitan area.

A fire of undetermined origin occurred at the Employees' Club House on April 10, with damage of about \$1,600.

During May, there were 336 employees doing overtime work, a number equivalent to 168 additional employees.

The tuberculosis survey of all Kings Park patients and employees began June 8.

On May 23, "Veterans' Day" was observed at Kings Park, sponsored by the American Legion organizations of Suffolk County. A baseball game was played at Tiffany Field between soldiers of Lake Ronkonkoma and Camp Upton. About 2,500 patients enjoyed the outing.

On May 31, there was reported a total of 208 members of the hospital personnel in military service.

Miss Edith Baldwin was appointed provisional assistant social worker on June 1. Miss Doris Wagner, assistant social worker, resigned on January 23; and Miss Rose F. Keegan, assistant social worker, on March 31.

George Cook, supervisor, retired on April 30.

Lawrence Anderson, farm employee, died on January 10; Frederick Hummel, attendant, on February 1; Thomas Conley, cook, on March 15; and William Brooking, attendant, on May 4.

MANHATTAN

Three doctors and one technician have been assigned to this hospital by The Office for Scientific Research and Development; one ward has been designated for this group.

Mrs. Carlotta Lawless, assistant librarian of the New York Public Library, has been coming to the hospital to give talks on books to patients and employees. Through Miss Rose Murray of the New York Public Library, 700 books were donated to the hospital.

On May 28, Commissioner Claude H. Harrison, director of institutions of the state of Louisiana, visited the hospital.

John A. Valletly, attendant, died March 13; Patrick Connors, attendant, March 19; Samuel Silver, charge nurse, March 21; and William J. Moran, attendant, April 27.

Cornelius Larkin, Jr., Samuel Joseph and Frank Kearsse have entered military service.

Mary McQuade, attendant, retired on March 6; and Katherine Linihan, assistant social worker, February 9.

MARCY

There was an exhibition of the preindustrial work done at this hospital at Utica State Hospital on January 16, the 100th anniversary of the Utica State Hospital.

Mrs. Vera Hardwich, social worker, resigned on February 11.

The following employees have gone on military leave since January 1: John Amo, Martin C. Ready, Raymond J. Langelois, Leslie Simmons, Seward McKinstry, Harry Murray, and Fred W. Edgett.

MIDDLETOWN

Because of lack of transportation and medical personnel, it has been deemed necessary to discontinue the mental hygiene clinics in Kingston and Newburgh. An effort is being made to have more frequent contact with parole patients by mail.

At the March meeting of the board of visitors, Frank Durland, long a member and more recently secretary, tendered his resignation because of ill health.

On April 26, members of the board of directors of the local Chamber of Commerce met at the hospital with the superintendent, steward and some other members of the medical staff; and the work and functions of the hospital were extensively discussed.

The quarterly meeting of the State Nurses' Association, District No. 11, was held at the institution in April with about 100 in attendance.

An honor roll of men and women in military service was erected during April. At present, it contains 108 names.

The first wounded soldier to return to Middletown was a hospital employee, William Sannwald. He was honored by a rousing demonstration and reception, and welcoming exercises were held later at the hospital.

Several family care homes have had to discontinue caring for patients. In some cases, farm help has been taken away. Fortunately, other homes were found for most of the patients.

On May 28, the hospital joined with the city of Middletown in the Erie Railroad centennial celebration. A march unit of nurses and attendants took part; a float was entered in the parade and won first prize. The participants from the hospital, together with Boy and Girl Scouts and a Boy Scout Band, paraded about the hospital grounds for the benefit of patients confined to the buildings.

May 12, the birthday of Florence Nightingale, was open house at the hospital; more than 100 visitors were conducted on a tour. Visits have been made to the hospital by pupils of the Delaware Valley Central School, and of Middletown and Warwick High Schools; they were present at a postmortem examination.

John H. Morrison of Middletown was appointed in May a member of the board of visitors to succeed Samuel M. Cuddeback of Port Jervis, whose term had expired.

Miss Elizabeth Ewald was appointed assistant social worker, December 1, 1942.

Employees entering military service between January 1 and June 30 were: Muriel Birdsall, Edward Bond, Thomas Boyce, Owen Broadhead, Edward Carpenter, Wilfred Decker, Stanley Glowatz, Charles Hardy, Gordon Hobbs, Lawrence McNally, Richard Miteer, Robert Murray, Dominick Napolitano, Marie Pasuk, James Penny, Ralph Perna, Hannah Vuolo, John Vuolo, Floyd Walrath, Francis Warnke, John Waycie and Willis Wood.

PILGRIM

An exhibition bowling match was held at the amusement hall in the hospital on January 20. The well-known bowler, Jimmy Smith, rolled a number of games with employees in an effort to stimulate interest in the recently opened bowling alleys. A new juke box has been installed in the community store for patients and employees. Because of the gasoline and tire shortage, every effort is being put forth by the hospital management to arrange for entertainment and relaxation for employees. During January, an additional effort was made to form basketball and badminton teams. The superintendent has been in conference with the bus company, in an effort to arrange a schedule which will allow the employees to return from Bay Shore from a late train from New York City. The superintendent has also been in conference with the management of the Bay Shore theater in an effort to arrange for the showing of motion pictures at the hospital for the employees.

Doctors Kashe, Harris, Standing and Staciva from the Veterans' Facility at Northport, visited the hospital for instructions in shock therapy on February 5.

Dr. O. Arturo Vivado, superintendent, National Mental Hygiene Hospital, Santiago, Chile, visited the hospital on February 8.

On February 19, an electric organ was delivered at the hospital for installation in the amusement hall. The organ will be used for church services and for entertainments of the patients and employees.

An order has been placed for hymnals to be purchased from the occupational therapy fund. A Bible has been ordered for the pulpit at the request of the hospital chaplains.

On March 20, the 12-hour day was inaugurated for those who volunteered to help out in this emergency.

A transfer of 25 male patients from Brooklyn State Hospital arrived on March 23 and a similar transfer of 25 female patients from Brooklyn State Hospital arrived at this hospital on March 26.

Miss Marjorie Fish, director, occupational therapy courses at Columbia University, brought 11 students of the first and second year classes to the hospital on April 3. Arrangements are being made to take groups of students at regular intervals to work in the hospital.

The superintendent met with the employees on April 7 at 8 p. m., in the assembly hall to discuss various problems that confront the hospital at this time such as the 12-hour day, ration books, etc. About 300 attended. For those who were on duty and who could not attend the evening meeting, the superintendent arranged for a meeting the afternoon of the eighth.

On April 8, the service flag of the hospital was hung in the rotunda of the administration office for 165 employees in the service.

A small brush fire occurred on the hospital premises on April 27. This fire did very little damage to the hospital property but burned over a considerable area controlled by the parkway commission.

Mrs. K. Firth, principal, school of nursing, gave a talk on April 30 to the women members of the senior class of the Babylon High School, in connection with the nationwide drive for the recruitment of student nurses.

A plane crashed on May 6 just north of the hospital between Babylon Road and the Motor Parkway. Back fires were set to stop the progress of the fires which resulted. Hospital fire company, demolition unit and first aid squads were mobilized.

Mr. Lombardy of the Grumman plant and Mr. Wendt of the Navy Inspection Department (salvage) came to the hospital on May 6 to see the work done by the patients with rivets.

On May 7, the new barber shop for the employees was opened in the community store.

A conscientious effort has been made to obtain deferments for trained men in the hospital service. Recently, the local draft board has become more energetic, and deferments have been more difficult to get. On May 8, the superintendent, with the permission of the Department of Mental Hygiene, wrote directly to the President of the United States in an effort to get deferments.

On May 14, word was received of the appointment of Albert Hutton of Brooklyn, to fill the vacancy on the board of visitors caused by the resignation of Henry Nias.

On May 28, Drs. W. J. Turner, S. J. Staciva, Leon L. Rackow and Mr. C. S. Roberts, of the Veterans' Facility of Northport, called at the hospital in connection with the electric shock therapy clinic.

Mrs. K. B. O'Shaughnessy and Miss Jean Frazier were appointed occupational therapists (provisional) on February 1. Mrs. O'Shaughnessy resigned on March 31.

Miss Janet Johnston, social worker, resigned on February 28; Mrs. Marjorie W. Rowe, assistant social worker, March 9; Miss Doris Murphy, assistant social worker, March 31; and Marion Heaton, assistant social worker, April 30.

Eleanor Schreyer, occupational therapist, went on military leave of absence on May 11 to enter the WAVES.

James Stockwell, ward attendant, died on January 15; Arthur Hindle, ward attendant, on February 14; and Alexander Heinzinger, ward attendant, on April 21.

George W. Woolsey, carpenter, retired January 31.

ROCHESTER

On June 2, 1943, the annual community commencement exercises for graduating nurses were held at the Eastman Theater. This was the sixth annual community graduation in which the State hospital has participated. Each hospital in its turn assumes the responsibility of planning, arranging, and financing these exercises, and this year the Rochester State Hospital functioned in this capacity. There were 131 nurses who received their diplomas, including 10 State hospital nurses, nine women and one man.

The following employees left for the armed forces since January 1: Lewis H. Combs, Harold Shea, Carl Butts, Eunice M. Walters (WAAC), and Beatrice M. Dambacher.

Mrs. Jean H. Ovenburg was appointed provisional social worker May 1. Mrs. Margaret G. Griffin, assistant social worker transferred to Rochester from Central Islip on February 1.

James L. Carroll, attendant, died January 21.

ROCKLAND

Dr. Frank F. Tallman, former director of clinical psychiatry at this hospital and now director of mental hygiene in the state of Michigan, visited the hospital, February 27 and 28.

On Washington's birthday, special exercises were held for the dedication of the hospital honor roll which contained 265 names of employees in military service.

A motion picture was shown in the assembly hall on March 11, and an operetta by the Pearl River School on March 15, both for the benefit of the Red Cross.

Dr. Joseph H. Fries of Brooklyn, a pediatrician, demonstrated feats of magic to the physicians and workers of the children's group on March 16 and discussed the subject of psychological approach to children through magic.

Dr. Manfred Sakel, founder of insulin shock therapy, visited the hospital on April 4 and spent some time in the insulin shock service.

The United Service Organization held dances in the assembly hall for the negro soldiers from Camp Shanks on March 22, April 15 and May 28.

The Rockland County Medical Society met at the hospital on April 21.

Mrs. Dwight Hoover, Hempstead, New City postoffice, Rockland County, was appointed a visitor on May 13 to succeed Dr. James W. Smith, whose term has expired.

Samples were taken recently from driven well No. 12, which is one supplying the hospital and is near the Pearl River sewage treatment plant. The water showed an excessive amount of chlorides, causing suspicion of leaching from the Pearl River filter beds. While this is not dangerous at present there will be periodic future tests.

Dr. Louis Carp, member of the board of visitors, has been elected chairman of the surgical section of the New York Academy of Medicine and also a member of the admissions committee.

The American Red Cross collected blood at the hospital for a blood bank on May 21.

Recently the female employees have been annoyed on the grounds of the hospital by negro soldiers from Camp Shanks, and the commanding officer has arranged for a 24-hour patrol of the grounds by the military police.

During May, 99 employees did overtime work in the female wards, and 110 in the male service.

On Wednesday, May 26, a U. S. O. dance for the WAAC and quartermaster corps of Camp Shanks was held in the assembly hall.

Charles Graff, attendant, employed since January, 1931, retired on May 22.

During the past six months the following employees have left to serve with the armed forces: Helen E. Pickens, Zinda Colasurdo, Charles H. Davidson, Elizabeth Gauthier, William Denegall, Solomon Peska, Robert L. Steelman, Albert Louis Traver, John W. Jarrell, Herman Siegel, William K. Dienstbach, Victor Bell, Robert Claywell, Isidor W. Scherer, Pauline Morales (WAVES), Mary A. Reilly and Helen F. Burdick (WAAC).

The following deaths occurred: Charles M. Lent, watchman, February 23; Francis X. Ahern, charge attendant, April 16; Miss Anne Theresa Martin, charge nurse, June 19; Clifford A. Tallman, carpenter, May 29.

ST. LAWRENCE

The small brass cannon in front of Letchworth Center and the three cannon in front of the executive building, landmarks at the hospital for many years, were contributed in the scrap metal drive.

Mrs. Perry G. Williams of Lowville, was appointed in May to fill the vacancy of Mrs. William Milligan on the board of visitors; and Mrs. Harold G. Conde of 531 Washington Street, Watertown, was named to fill the vacancy of Mrs. E. S. Goodale.

Robert D. Silverman was appointed pharmacist on February 1.

Wesson Clark, farmer, in the hospital service since 1910, died May 22.

Alice E. Sullivan, charge nurse, retired on January 31 because of physical disability; and Ralph K. Briggs, chef, retired on April 30 after 48 years, two months and eight days of service.

UTICA

The centennial celebration of the Utica State Hospital was appropriately observed on January 16, 1943. The arrangements were made by the Oneida County Mental Hygiene Committee, Dr. Willis E. Merriman acting as chairman of the program committee, other members of which were Dr. Richard H. Hutchings, former superintendent, Dr. William W. Wright, superintendent of Marcy State Hospital, and Miss Eva M. Schied, chief social worker at Utica and secretary of the committee. (For details of the program and the addresses, please refer to THE PSYCHIATRIC QUARTERLY SUPPLEMENT, January, 1943, Vol. 17, No. 1, p. 191.)

On January 26, Dr. George Weber of the State Department of Health began the tuberculosis survey at this hospital. Upon completion of the survey, sanatorium treatment was recommended for seven employees, and 88 patients were found to have tuberculosis. The latter have been segregated in two wards cleared of other types of patients by transfer to other wards, as there were no wards for tuberculosis in the hospital. Earlier cases had been transferred to the Marcy State Hospital, which now has no accommodations for receiving such transfers.

Under the auspices of the Oneida County Medical Society and the State Medical Society, a series of lectures was conducted in Hutchings Hall. The speakers and their subjects were as follows: January 26, Dr. Foster Kennedy, New York City, "Nervous Conditions Associated with Warfare;" February 2, Dr. Philip D. Wilson, New York City, "General Principles of Treatment of War Injuries;" February 9, Dr. Forrest Young, Rochester, "The Care of Soft Tissue Injuries;" and February 16, Dr. James H. Lade, Albany, "Epidemiology and Control of Syphilis."

Mrs. Dorothy H. Alberts, social worker, resigned January 31, and Franklin J. Passer, occupational therapist, resigned January 31. Mrs. Elizabeth Menke, head laundress, retired January 31.

Miss Eva M. Schied, chief social worker, arranged for a meeting on April 8, of social workers in Oneida County serving draft boards for psychiatric screening of draftees. Miss Katherine G. Ecob, executive secretary of the New York State Committee on Mental Hygiene, State Charities Aid Association, and 23 social workers were present.

On May 12, Governor Dewey appointed as members of the board of visitors Miss Olivia S. T. Pruyn of Utica, to succeed Mrs. Bertha Murnane, term expired, and Dr. Hyzer W. Jones of Utica to succeed Dr. W. Lester Grogan, deceased.

Dan Brown, attendant, died May 19.

The following employees have entered the armed forces since January 1: Gladys R. Carey (WAAC); Nellie M. Cerminaro, Marie K. DuPlecy, Bertha E. Satterly and Marion E. Robinson (army nursing); Daisy C. Amodio (navy nursing).

WILLARD

The Willard service flag and honor roll of 90 names were unveiled on February 14, by representatives of the American Legion, South Seneca Post. The honor roll has been placed in the main corridor of Chapin House and the service flag at Hadley Hall.

The barn at Vinelands was burned on April 9. Investigation confirmed suspicions that fire was caused by a patient. Arrangements are being made to transfer this patient to an institution for the criminal insane.

From April 13 to May 21, the State Department of Health conducted an X-ray survey of the patients and employees for tuberculosis.

The hospital was notified on May 11 that Harlow H. Hartwell of Waterloo had been appointed a visitor to succeed the late Dr. Wilfred Sefton of Auburn.

Memorial Day services were held under direction of the American Legion. Members of the Legion and the Ovid Central School Band marched from Grand View to the soldiers' plot in the hospital cemetery.

Field day was held at the hospital on June 8. Ovid Central School Band furnished music.

Mrs. Groviene Raffaele, social worker, resigned February 14, and Miss Lucile Walter, assistant social worker at Buffalo, was appointed social worker May 16.

Leaves for military service during the six-month period were granted to James A. McCoy, Robert J. Doane, Harry S. Rappleye; Lourn F. Shook, Clyde W. Pearsall, Margaret M. Collins, Charles L. Collins and Ruth E. Kearney.

Retirements during the half-year were Marion Clark, attendant, after more than 20 years service; and Joseph Schramm, chef, after more than 32 years.

Florence Daly, housekeeper, in service nearly 29 years, died on April 16.

PSYCHIATRIC INSTITUTE AND HOSPITAL

In June, 1943, Dr. Frederick MacCurdy, newly-appointed Commissioner of the Department of Mental Hygiene, set up temporary headquarters in New York City, at the Psychiatric Institute.

Richard Block, Ph.D., associate research biochemist, resigned on April 15.

Provisional appointments of psychiatric social workers were: Joyce Gale, January 5; Helen B. Furst, January 11; and Dorothy K. Truman, February 1. Pauline G. Gunderson was appointed provisional physical training instructor on March 3 and transferred to occupational therapist on April 1. Marguerite A. Blikken was appointed provisional physical training instructor on June 1.

Joyce Gale resigned as psychiatric social worker on January 16, and Helen B. Furst on April 30.

SYRACUSE PSYCHOPATHIC HOSPITAL

On May 18, Dr. George W. Weber of the State Department of Health, Division of Tuberculosis, visited the hospital to discuss plans for X-raying patients and employees for the tuberculosis survey.

Mrs. Ruth C. Terry, psychiatric social worker, returned on March 22 from a six-month leave of absence for service with the American Red Cross in Washington, D. C.

STATE SCHOOLS

LETCHWORTH VILLAGE

The general survey of the institution for tuberculosis was started in November and completed in January. Forty-five children and two employees recently employed were found to have tuberculosis. Isolation quarters have been set up for the children.

The Rev. Robert H. Dolliver, pastor of the John Street Church, New York City, was appointed on June 7 as a member of the board of visitors to succeed Dr. Howard W. Potter whose term expired, and Norvin H. Green of Tuxedo was reappointed to the board.

Miss Edith King, who performed the duties of a social worker, died suddenly in her room at the institution on the evening of May 23. Miss King came to Letchworth Village on October 2, 1929, after having worked in the Department of Purchase in Albany since 1917.

Miss Annette Chase, social worker, went on leave of absence June 24.

NEWARK STATE SCHOOL

Dr. Irving M. Derby, pathologist, has been approved as director of the school laboratory to do laboratory work for Wayne County.

Boy Scout Troop No. 147 received a war service plaque on January 14.

Graduation exercises of the 1943 domestic arts classes were held February 9 and June 8, with eight graduates in each class.

A large service flag for employees in the armed forces was painted in February by the boys of the occupational therapy department for a back drop on the stage of the assembly hall.

A laboratory survey has been made of all employees and patients concerned with food as to typhoid, amoebic, and bacillary dysentery.

The children of the educational department presented a spring assembly on April 13.

The Department of Health tuberculosis checkup of patients and employees was from April 12 to 15.

A plaque in honor of employees in the armed forces was presented to the school on April 15 by the Newark State School Employees' Association.

Mrs. Florence Yaeger, assistant social worker, resigned May 1.

On May 14, Arthur N. Christy, Newark was appointed a member of the board of visitors to succeed Mrs. Mary D. Kane, Geneva, whose term had expired, and Charles E. Gray, Syracuse, was named to succeed Augustus C. Stevens, Syracuse, who resigned in July, 1942.

On May 20, through the courtesy of the Lions Club of Newark, Rubinoff, "America's most popular violinist," and Mr. Alexander, his talented accompanist at the piano, entertained 600 of the girls and boys at the assembly hall with a half-hour program.

Boy Scout Troop No. 147, with its drum corps, participated in parades at Newark on Memorial Day, Flag Day, and in the "Kiddie Parade" June 19.

Rural Sunday was observed at the school June 6 with exercises by the 4-H girls of the school.

Through the courtesy of Jackson-Perkins Nurseries, Newark, the Sue Hastings Marionettes presented "Peter Rabbit" and "Pinocchio" at the assembly hall, June 26 before over 600 boys and girls.

Dr. H. E. Himwich, professor of physiology and pharmacology, Albany Medical College, was at the school from June 25 to 27, making brain metabolism tests of different types of mental deficiency.

The colony at Watkins Glen was discontinued as of June 30 due to extreme shortage of employee personnel, increased operating expenses and difficulty in transporting supplies.

Visitors to the school during the past six months included Dr. R. D. Davison, deputy member of public health, and Dr. J. W. MacNeill, commissioner of mental services and superintendent of North Battleford Hospital, both of Saskatchewan, Canada.

Leaves of absence for military service in the last six months were granted to Harold R. Miller, Earl Prutzman, Chester Tellier, Francis Condit, Harold C. Lytle, Charles N. Wheatley, Robert Noody, J. Fletcher Elliott, James F. Carlyle, Howard Wiebeld, Harry Ross, Earl Lane and Albert Cowles.

Clara Bronson, attendant, retired May 1.

The following employees died: Helen C. Robarge, charge nurse, January 21; Clifford D. Sanford, attendant, February 12; Otto Berns, attendant, March 2; Grace P. Valentine, attendant, April 3; Charles Lawrence, barber, May 8; Spencer Roland, laborer, June 1.

ROME STATE SCHOOL

The institution has extended aid to the local draft boards and the draft induction board. Dr. Baum attended the sessions of the local draft board each Wednesday. Drs. Millias and Dake are members of the special advisory draft board meeting in Utica.

Miss Marian B. Mabee, acting steward for a number of years, retired on January 16. Patrick J. McCormick became steward. Miss Marjorie J. Roberts of the social service department left in February to take a teaching job.

Lewis Brennan, attendant, died December 16, 1942; Joseph M. Beyor, attendant, died December 28, 1942; and Mrs. Antoinette Guffin Halstead, teacher, died March 12, 1943.

A 15-week training course for attendants has been carried on all winter.

SYRACUSE STATE SCHOOL

As a result of a conference with scout executives in February, Charles W. Harwood, attendant, who had been devoting much of his time to developing scouting, is now detailed to full-time scouting activities. This has already resulted in the formation of a new troop at the colonies at Fairmount and an increase in the enrollment at the school proper.

A recreational class is being conducted at the Y. W. C. A., as an experiment for parole girls on Sunday afternoons, swimming, dancing and knitting for war victims. It is hoped that this will meet a need for girls who are off duty and have no place to go.

Employees who went on military leave since January 1 are: Allen D. Van Fleet and Harold G. Figenschel.

On March 2, 14 girls received diplomas for the domestic science course. They are now ready for placement in colonies.

On April 21, a physical education demonstration was presented by the girls under the direction of Miss Virginia E. Votti, physical education teacher.

An operetta, "The Childhood of Hiawatha," was presented by the girls and younger boys of the school proper on the evening of June 3 and afternoon of June 4.

The New York State Department of Health completed a tuberculosis survey of the children and employees on May 14. Nine patients, or 0.9 per cent, showed clinical evidence of tuberculosis and only three of the employees. This, so far, is the lowest percentage of any institution in the Department.

On January 31, E. C. Pooler, steward, retired, and on March 1, Joseph H. Anderson was appointed steward. He had been assistant steward at Harlem Valley State Hospital.

On May 14, Mrs. Lewis P. Smith, Jr., 317 Rugby Road, Syracuse, was appointed a member of the board of visitors to succeed Otto W. Iloff.

WASSAIC STATE SCHOOL

Mrs. R. J. Depner has taken an intensive course at an army school in New York City to become a recognition officer and teach airplane observers different types of planes. She has given a nine weeks course, conducting three two-hour classes each week. During the ensuing months she will hold one class a month in order that observers may be kept informed of new material issued by the army.

John Walthers, charge attendant, retired on May 1.

CRAIG COLONY

Pryor Pavilion, occupied by 60 male patients, has been closed owing to lack of ward help. The patients were transferred to adjacent buildings.

Twenty-five tons of scrap metal were collected at the colony for the drive.

Technicians sent by Dr. Frederick Gibbs of Boston have conducted a series of electroencephalographic studies on a group of 50 male patients.

CHANGES IN PERSONNEL IN THE MEDICAL SERVICE

APPOINTMENTS

Associate Research Neuropathologist

Roizin, Dr. Leon, associate research neuropathologist (temporary), Psychiatric Institute and Hospital, January 1.

Senior Clinical Psychiatrist

Fleiss, Dr. Arthur N., senior clinical psychiatrist, Syracuse Psychopathic Hospital, March 22.

Assistant Physician

Berardelli, Dr. Dandolo, assistant physician (temporary), Creedmoor State Hospital, April 1.

Blade, Dr. Werner, assistant physician (temporary), Kings Park State Hospital, March 16.

Carlisi, Dr. D. J., assistant physician (temporary), Pilgrim State Hospital, May 1.

Constantine, Dr. O. P., assistant physician (temporary), Kings Park State Hospital, March 16.

Deutsch, Dr. Leopold, assistant physician, Rockland State Hospital, March 16.

D'Isernia, Dr. Richard, assistant physician, Central Islip State Hospital, June 16.

Dollar, Dr. Helen, assistant physician, St. Lawrence State Hospital, May 16.

Durney, Dr. Daniel P., assistant physician, Brooklyn State Hospital, May 1.

Gershman, Dr. Harry, assistant physician, Central Islip State Hospital, March 16.

Gorfinkel, Dr. Arthur, assistant physician, Harlem Valley State Hospital, March 16.

Hawel, Dr. Ewald, assistant physician, Harlem Valley State Hospital, June 1.

Jacoby, Dr. R. B., assistant physician (temporary), Pilgrim State Hospital, May 18.

- Lazar, Dr. Martin, assistant physician, St. Lawrence State Hospital, May 16.
- Luke, Dr. Harry B., assistant physician (temporary), Pilgrim State Hospital, March 1.
- Papa, Dr. Joseph, assistant physician, Central Islip State Hospital, March 16.
- Piekielniak, Dr. Thaddeus W., assistant physician, Utica State Hospital, November 16, 1942. (Not previously reported.)
- Shaw, Dr. W. Fawcett, assistant physician, Gowanda State Homeopathic Hospital, June 16.
- Tarantola, Dr. Paul I., assistant physician, Brooklyn State Hospital, March 16.
- Van Bark, Dr. Bella S., assistant physician, Brooklyn State Hospital, March 16.
- Viele, Dr. Anne, assistant physician, Buffalo State Hospital, March 16.
- Wright, Dr. Floyd R., assistant physician (temporary), Newark State School, April 1.

Resident in Psychiatry

- Baker, Dr. James L., resident in psychiatry (United States Public Health Service), Psychiatric Institute and Hospital, January 1.
- Kotsos, Dr. Emanuel D., resident in psychiatry, Psychiatric Institute and Hospital, June 1.
- Meltzer, Dr. Theodore, resident in psychiatry, Psychiatric Institute and Hospital, June 1.
- Morgan, Dr. Margaret, resident in psychiatry, Psychiatric Institute and Hospital, May 11.
- Pasamanick, Dr. Benjamin, resident in psychiatry, Psychiatric Institute and Hospital, January 1.
- Preston-Brown, Dr. Frances M., resident in psychiatry, Psychiatric Institute and Hospital, January 1.
- Tucker, Dr. Weir M., resident in psychiatry, Psychiatric Institute and Hospital, April 12.

Medical Interne

- Adamoff, Dr. Leonid, medical interne, Manhattan State Hospital, April 7.
- Boehm, Dr. Herbert, medical interne, Binghamton State Hospital, January 2.
- Castoro, Dr. Rocco, medical interne, Kings Park State Hospital, May 1.
- Coreoran, Dr. James, medical interne, Central Islip State Hospital, March 9.
- Davis, Dr. Jerome G., medical interne, Brooklyn State Hospital, January 2.
- Dresner, Dr. Albert, medical interne, Brooklyn State Hospital, February 1.
- Hacker, Dr. Frederick J., medical interne, Manhattan State Hospital, February 1.
- Judovits, Dr. Nicholas Young, medical interne, Manhattan State Hospital, May 5.
- Kirschenbaum, Dr. David, medical interne, Manhattan State Hospital, June 15.
- Labozzetta, Dr. Charles M., medical interne, Central Islip State Hospital, February 15.
- Lombardino, Dr. Antonio, medical interne (temporary), Creedmoor State Hospital, March 16.
- Machol, Dr. Gustav, medical interne, Manhattan State Hospital, March 1.
- Mautone, Dr. Louis J., medical interne, Brooklyn State Hospital, May 1.
- McSweeney, Dr. Jerome A., medical interne, Pilgrim State Hospital, February 10.
- Moldonado, Dr. Eduardo, medical interne, Manhattan State Hospital, May 17.
- Nussbaum, Dr. Oscar, medical interne (temporary), Creedmoor State Hospital, February 15.
- Pennock, Dr. N. I., medical interne, Hudson River State Hospital, March 1.
- Santicciolo, Dr. Aldo, medical interne, Brooklyn State Hospital, January 1.
- Spatz, Dr. Albert, medical interne (temporary), Creedmoor State Hospital, February 15.

Spohr, Dr. L. Theodore, medical interne, Manhattan State Hospital, January 1.

Tanowitz, Dr. Herman, medical interne, Manhattan State Hospital, June 16.

Senior Dentist

Hallinen, Dr. Raymond J., senior dentist (temporary), Newark State School, March 1.

Dentist

Veihdeffer, Dr. Laurence W., dentist, Gowanda State Homeopathic Hospital, June 16.

Dental Interne

DeDunyk, Dr. George, dental interne, Marcy State Hospital, January 1.

Goldsmith, Dr. Milton, dental interne, Manhattan State Hospital, June 17.

Kutcher, Dr. Joseph M., dental interne, Manhattan State Hospital, May 17.

McKeon, Dr. Charles J., dental interne, Brooklyn State Hospital, June 21.

Rifanbary, Dr. George C., dental interne, Hudson River State Hospital, April 12.

Shesler, Dr. Laurence F., dental interne, Rockland State Hospital, April 1.

Sloan, Dr. Edward J., dental interne, Hudson River State Hospital, February 1.

REINSTATEMENTS

Fleiss, Dr. Arthur N., assistant physician, Kings Park State Hospital, January 1.

Tallman, Dr. Frank F., first assistant physician, Manhattan State Hospital, May 29.

PROMOTIONS*

First Assistant Physician

Carmichael, Dr. Donald M., from senior assistant physician to first assistant physician (temporary), Pilgrim State Hospital, March 10.

Faver, Dr. Harry E., from senior assistant physician, Buffalo State Hospital, to first assistant physician, Buffalo State Hospital, March 1.

*Many recent promotions have been made to fill temporary vacancies caused by absence on military duty of holders of the positions filled or of persons on regular eligible lists for appointment. Where information has been given by the institutions concerned of the nature of such appointments, they have been designated here by the word "temporary." In some cases, the information was not given; and the promotions reported may be either temporary or permanent.

Glasser, Dr. Frank B., from senior assistant physician to first assistant physician (temporary), Creedmoor State Hospital, May 1.

Warner, Dr. George L., from director of clinical psychiatry, Utica State Hospital, to first assistant physician, Marey State Hospital, March 1.

Young, Dr. B. B., from director of clinical psychiatry to first assistant physician, Harlem Valley State Hospital, April 1.

Director of Clinical Psychiatry

Carmichael, Dr. Donald M., from senior assistant physician (acting first assistant physician), Pilgrim State Hospital, to director of clinical psychiatry, Harlem Valley State Hospital, June 1.

Senior Assistant Physician

Bink, Dr. Edward N., from assistant physician to senior assistant physician (temporary), Utica State Hospital, June 1.

Donk, Dr. Rose R., from assistant physician to senior assistant physician (temporary), Newark State School, May 1.

Dorey, Dr. John J., from assistant physician to senior assistant physician (temporary), Utica State Hospital, June 1.

Edgar, Dr. Paul, from assistant physician to senior assistant physician (temporary), Manhattan State Hospital, May 1.

Eros, Dr. Gedeon, from assistant physician to senior assistant physician, Rockland State Hospital, March 1.

Gold, Dr. Leonard S., from assistant physician to senior assistant physician, Brooklyn State Hospital, May 16.

Gralnick, Dr. Alexander, from assistant physician to senior assistant physician, Central Islip State Hospital, May 16.

Greteman, Dr. Leonora L., from assistant physician to senior assistant physician (temporary), Utica State Hospital, June 1.

Guthiel, Dr. George N., from assistant physician to senior assistant physician, Willard State Hospital, May 5.

Moore, Dr. Aaron, from assistant physician to senior assistant physician, Central Islip State Hospital, May 16.

Murphy, Dr. John M., from assistant physician to senior assistant physician, Brooklyn State Hospital, May 1.

Pearce, Dr. M. G., from assistant physician to senior assistant physician (temporary), Pilgrim State Hospital, May 1.

Pellens, Dr. Mildred, from assistant physician to senior assistant physician, Harlem Valley State Hospital, May 1.

Rizzolo, Dr. Alfred, from assistant physician to senior assistant physician, Harlem Valley State Hospital, May 1.

Schultz, Dr. J. D., from assistant physician to senior assistant physician (temporary), Pilgrim State Hospital, May 1.

Selleek, Dr. Edith G., from assistant physician to senior assistant physician, Middletown State Homeopathic Hospital, May 16.

Strong, Dr. Willis A., from assistant physician to senior assistant physician, Willard State Hospital, May 5.

Tamarin, Dr. Sidney L., from assistant physician to senior assistant physician, Brooklyn State Hospital, May 1.

Vallee, Dr. Clarence A., from assistant physician to senior assistant physician, Willard State Hospital, May 5.

Victor, Dr. George, from assistant physician to senior assistant physician (temporary), Creedmoor State Hospital, May 16.

ON LEAVE OF ABSENCE

Bush, Dr. Frances H., assistant physician, Rockland State Hospital, March 24.

Humphreys, Dr. Edward J., senior assistant physician, Letchworth Village, June 20.

Kent, Dr. Emma M., assistant physician, Gowanda State Homeopathic Hospital.

Parker, Dr. Ceylon M., assistant physician, Pilgrim State Hospital, March 18.

RETURNED FROM LEAVE OF ABSENCE FOR MILITARY OR NAVAL SERVICE

Etling, Dr. George, senior assistant physician, Rockland State Hospital, April 1.

Parker, Dr. Ceylon M., assistant physician, Pilgrim State Hospital (to go on sick leave), March 18.

ON LEAVE OF ABSENCE FOR MILITARY OR NAVAL SERVICE

Brusea, Dr. Donald D., assistant physician, Central Islip State Hospital, January 27.

Buckman, Dr. Charles, first assistant physician, Creedmoor State Hospital, March 31.

Crosbie, Dr. Stanley, medical interne, Hudson River State Hospital, April 2.

Davis, Dr. Jerome G., medical interne, Brooklyn State Hospital, May 10.

Dodds, Dr. Harold H., senior assistant physician, Marcy State Hospital, June 30.

Eggeling, Dr. Norwood I. J., medical interne, Creedmoor State Hospital, May 6.

Guerin, Dr. Harold, dental interne, Harlem Valley State Hospital, June 2.

Hamburger, Dr. Werner, assistant physician, Utica State Hospital, February 26.

Hauser, Dr. Julius, medical interne, Syracuse State School, April 16.

Hayes, Dr. Harry, senior dentist, Manhattan State Hospital, June 29.

Jordan, Dr. Sydney L., dental interne, Creedmoor State Hospital, February 5.

Kellar, Dr. Sidney, dental interne, Manhattan State Hospital, May 14.

O'Neill, Dr. Laurence D., senior assistant physician, Central Islip State Hospital, January 25.

Perlmutter, Dr. Martin, medical interne, Brooklyn State Hospital, January 14.

Rosenfeld, Dr. Joseph E., medical interne, Wassaic State School, February 26.

Salan, Dr. Irving, assistant physician, Rockland State Hospital, May 7.

Sloan, Dr. Edward J., dental interne, Hudson River State Hospital, March 8.

Starks, Dr. Hamlin A., senior assistant physician, Rockland State Hospital, January 11.

Taylor, Dr. Reginald M., resident in psychiatry, Psychiatric Institute and Hospital, January 1.

Willner, Dr. Herman, medical interne, St. Lawrence State Hospital, January 29.

TRANSFERS

Director of Clinical Psychiatry

Pense, Dr. Arthur W., from director of clinical psychiatry, Wassaic State School, to director of clinical psychiatry, Utica State Hospital, March 1.

Assistant Physician

Dollar, Dr. Helen, assistant physician, Craig Colony, to St. Lawrence State Hospital, January 1.

RESIGNATIONS TO ENTER MILITARY OR NAVAL SERVICE

Senior Research Dentist

Bien, Dr. Saul, senior research dentist, Psychiatric Institute and Hospital, June 29.

Resident in Psychiatry

Myerson, Dr. Paul G., resident in psychiatry, Psychiatric Institute and Hospital, March 31.

Remington, Dr. Avon C., resident in psychiatry, Psychiatric Institute and Hospital, June 30.

Tucker, Dr. Weir M., resident in psychiatry, Psychiatric Institute and Hospital, June 24.

RESIGNATIONS

First Assistant Physician

Tallman, Dr. Frank F., first assistant physician, Manhattan State Hospital, June 12.

Senior Assistant Physician

Bryan, Dr. Elizabeth, senior assistant physician, Harlem Valley State Hospital, January 1.

Train, Dr. George J., senior assistant physician, Brooklyn State Hospital, January 25.

Assistant Physician

Bernstein, Dr. Nathaniel, assistant physician, Letchworth Village, June 15.

Durgin, Dr. Bernice Elise, assistant physician, Central Islip State Hospital, February 28.

Fleiss, Dr. Arthur N., assistant physician, Kings Park State Hospital, March 21.

Lipton, Dr. Edmond, assistant physician, Pilgrim State Hospital, May 31.

Ozarin, Dr. Lucy D., assistant physician, Gowanda State Homeopathic Hospital, February 28.

Ries, Dr. William H., assistant physician, Willard State Hospital, June 4.

Resident in Psychiatry

Baker, Dr. James L., resident in psychiatry (United States Public Health Service), Psychiatric Institute and Hospital, June 30.

Elpern, Dr. Sidney, resident in psychiatry, Psychiatric Institute and Hospital, June 30.

Heller, Dr. Saul, resident in psychiatry, Psychiatric Institute and Hospital, June 30.

Shea, Dr. Elmer J., resident in psychiatry, Psychiatric Institute and Hospital, June 30.

Sulzberger, Dr. Carl F., resident in psychiatry, Psychiatric Institute and Hospital, June 30.

Zaidens, Dr. Sadie, resident in psychiatry, Psychiatric Institute and Hospital, June 30.

Medical Interne

Adamoff, Dr. Leonid, medical interne, Manhattan State Hospital, May 4.

Adelson, Dr. Edward, medical interne, Pilgrim State Hospital, March 15.

Corcoran, Dr. James, medical interne, Central Islip State Hospital, May 31.

Gourdin, Dr. Allston, medical interne, Harlem Valley State Hospital, May 28.

Hacker, Dr. Frederick, medical interne, Manhattan State Hospital, March 18.

Klugler, Dr. Joseph, medical interne, Central Islip State Hospital, June 15.

Lekisch, Dr. Hugo, medical interne, Kings Park State Hospital, February 2.

Maxwell, Dr. Thomas M., medical interne, Pilgrim State Hospital, January 19.

Plotkin, Dr. Zalman, medical interne, Syracuse State School, April 15.

Re, Dr. Maurice J., medical interne, Pilgrim State Hospital, May 6.

Santicciolo, Dr. Aldo, medical interne, Brooklyn State Hospital, April 23.

Spoehr, Dr. L. Theodore, medical interne, Manhattan State Hospital, May 15.

Weiss, Dr. Jakob, medical interne (temporary), Creedmoor State Hospital, January 31.

Dental Interne

Gallagher, Dr. Leo J., dental interne, Brooklyn State Hospital, May 8.

Kutcher, Dr. Joseph M., dental interne, Manhattan State Hospital, May 19.

RETIREMENT

Taggart, Dr. Edmund, assistant physician, Manhattan State Hospital, February 1.

DEATHS

Deren, Dr. S. D., first assistant physician, Syracuse State School, January 5.

Leader, Dr. Arthur J., senior assistant physician, Hudson River State Hospital, May 31.

Weiss, Dr. Bernard, medical interne, Hudson River State Hospital, while on military duty, December 30, 1942.

BIBLIOGRAPHY OF OFFICERS

STATE HOSPITALS

BUFFALO

Nussbaum, Kurt: Observations on electric shock treatment. *PSYCHIAT. QUART.*, 17:2, April, 1943.

CENTRAL ISLIP

Gralnick, Alexander: The Carrington family: A psychiatric and social study illustrating the psychosis of association or *folie à deux*. *PSYCHIAT. QUART.*, 17:2, April, 1943.

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Lehrman, Samuel R.: Schizophrenia in cryptogenic narcolepsy. (With Weiss, Edward J.). *PSYCHIAT. QUART.*, 17:1, 135-143, January, 1943.

Weiss, Edward J.: Schizophrenia in cryptogenic narcolepsy. (With Lehrman, Samuel R.). *PSYCHIAT. QUART.*, 17:1, 135-143, January, 1943.

GOWANDA

Bohn, Ralph W.: Psychiatric cases in general practice. *J. A. Inst. Homeopathy*, December, 1942.

Ozarin, Lucy D.: Considerations of the continued treatment service. *PSYCHIAT. QUART.*, 17:2, April, 1943.

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Notkin, John Y.: A comparative study of the combined metrazol-hypoglycemic shock treatment and spontaneous improvements in schizophrenia. (With Watts, L. E., Shannon, G. W., Niles, C. E., and DeNatale, F. J.). *J. N. M. D.*, 97, 62, 1943.

Niles, Charles E.: A comparative study of the combined metrazol-hypoglycemic shock treatment and spontaneous improvements in schizophrenia. (With Watts, L. E., Shannon, G. W., Notkin, J. Y., and DeNatale, F. J.). *J. N. M. D.*, 97, 62, 1943.

DeNatale, Frederick J.: A comparative study of the combined metrazol-hypoglycemic shock treatment and spontaneous improvements in schizophrenia. (With Watts, L. E., Shannon, G. W., Notkin, J. Y., and Niles, C. E.) *J. N. M. D.*, 97, 62, 1943.

- Watts, Lloyd E.: A comparative study of the combined metrazol-hypoglycemic shock treatment and spontaneous improvements in schizophrenia. (With Shannon, G. W., Notkin, J. Y., Niles, C. E., and DeNatale, F. J.). J. N. M. D., 97, 62, 1943.

KINGS PARK

- Gollick, William A.: A case of acute suprarenal hemorrhage. PSYCHIAT. QUART., 16:3, July, 1942.
- Milici, Pompeo: Psychology of dementia præcox. PSYCHIAT. QUART., 17:1, January, 1943.
- Wolberg, Lewis R.: The Divine Comedy of Dante. Psychoan. Rev., 30:1, January, 1943.

MANHATTAN

- Davidson, Gerson: An interpretation of anti-Semitism. PSYCHIAT. QUART., 17:1, January, 1943.

PILGRIM

- Arieti, Silvano: Frontal lobe tumor expanding into the ventricle—clinico-pathologic report. PSYCHIAT. QUART., 17:2, April, 1943.
- Bigelow, Newton J. T.: The organization and administration of a State hospital insulin-metrazol-electric shock therapy unit. (With Worthing, H. J., Binzley, R. F., and Brill, H.) Am. J. Psychiat., 90:5, March, 1943.
- Binzley, Richard F.: The organization and administration of a State hospital insulin-metrazol-electric shock therapy unit. (With Worthing, H. J., Bigelow, N. J. T., and Brill, H.) Am. J. Psychiat., 90:5, March, 1943.
- Brill, Henry: The organization and administration of a State hospital insulin-metrazol-electric shock therapy unit. (With Worthing, H. J., Bigelow, N. J. T., and Binzley, R. F.) Am. J. Psychiat., 90:5, March, 1943.
- Brussel, James A.: The psychoneuroses in military psychiatry. (With Wolpert, H. R.) War Medicine, 3:139-154, February, 1943.
- Chrzanowski, Gerhard: Contrasting responses to electric shock therapy in clinically similar catatonies. PSYCHIAT. QUART., 17:2, April, 1943.
- Kalinowsky, Lothar B.: Results with electric convulsive therapy in 200 cases of schizophrenia. (With Worthing, H. J.). PSYCHIAT. QUART., 17:1, January, 1943.

Attempts at treatment of schizophrenia and other nonepileptic psychoses with dilantin. (With Putnam, T. J.). *Arch. Neurol. and Psychiat.*, 49:414, March, 1943.

Seullin, Virginia: Psychiatry's contribution to occupational therapy. *PSYCHIAT. QUART. SUPPL.*, 17:1, January, 1943.

Worthing, Harry J.: The organization and administration of a State hospital insulin-metrazol-electric shock therapy unit. (With Bigelow, N. J. T., Brill, H., and Binzley, R. F.). *Am. J. Psychiat.*, 90:5, March, 1943.

Results with electric convulsive therapy in 200 cases of schizophrenia. (With Kalinowsky, L. B.). *PSYCHIAT. QUART.*, 17:1, January, 1943.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Brownstein, S. R.: Convulsions following abrupt withdrawal of barbiturates: Clinical and electroencephalographic studies. (With Pacella, B. L.) *PSYCHIAT. QUART.*, 17, 112-122, January, 1943.

de Jong, H.: A new single-unit portable electrostimulator of nerves and muscles. *J. N. M. D.*, 97:563-567, 1943.

Ferraro, A.: Pathological changes in the brain of a case, clinically diagnosed dementia præcox. *J. Neuropath. and Exper. Neurol.*, 2:1, January, 1943.

Harris, M. M.: Electrocardiographic observations in mental patients receiving large doses of acetylcholine intravenously. (With Pacella, B. L.) *Federation Proc.*, 2:20, 1943.

Studies regarding a glutamine-like substance in blood and spinal fluid. *Science*, 97:382-383, 1943.

Hoch, P. H.: Clinical and biological interrelations between schizophrenia and epilepsy. *Am. J. Psychiat.*, 99:507-512, 1943.

Jenkins, R. L.: Electroencephalographic studies of delinquent boys. (With Pacella, B. L.) *Am. J. Orthopsychiat.*, 13:107-120, 1943.

Kallmann, F. J.: Genetic mechanisms in resistance to tuberculosis. *PSYCHIAT. QUART. SUPPL.*, 17:32-37, 1943.

Kopeloff, L. M., and Kopeloff, N.: The production of brain antibodies in the monkey. *Federation Proc.*, 2:99, 1943.

Lewis, N. D. C.: Review of research work of the Psychiatric Institute during 1942. *PSYCHIAT. QUART. SUPPL.*, 17:25-31, January, 1943.

The 1942 Year Book of Neurology, Psychiatry and Endocrinology. (Editor, with Reese, H. H., and Sevringhaus, E. L.) Year Book Publishers, Chicago, Ill., March, 1943.

The present status of shock therapy of mental disorders. *Bull. N. Y. Acad. Med.*, April, 1943.

Lourie, R. S.: Rate of secretion of the parotid glands in normal children. *Am. J. Dis. of Chil.*, 65:455-489, 1943.

Studies on the prognosis in schizophrenic-like psychoses in children. (With Pacella, B. L., and Piotrowski, Z. A.) *Am. J. Psychiat.*, 99:542-552, 1943.

Pacella, B. L.: Followup study of a series of patients treated by electrically induced convulsions and by metrazol convulsions. (With Barrera, S. E.) *Am. J. Psychiat.*, 99:513-518, 1943.

Electroencephalographic observations associated with large intravenous injections of acetylcholine in mental patients. (With Harris, M. M.) *Federation Proc.*, 2:37, 1943.

Piotrowski, Z. A.: Tentative Rorschach formulae for education and vocational guidance in adolescence. *Rorschach Res. Ex.*, 7:16-27, 1943.

Use of the Rorschach in vocational selection. *J. Consult. Psychol.*, 7:97-102, 1943.

Zubin, J.: The analysis of variance in psychological research. (With Garrett, H. E.) *Psychol. Bull.*, 40:233-267, 1943.

A proposed measure of social conformity. *Sociometry*, 6:72-93, 1943.

SYRACUSE PSYCHOPATHIC

Steckel, Harry A.: War as an opportunity for occupational therapy. *Ment. Hyg. News*, April, 1943.

The war and its impact on youth. *Ment. Hyg. News*, May, 1943.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

Abel, Theodora M.: Negro-white interpersonal relationships in a limited environment. *Trans. N. Y. Acad. Sci., Ser. II, Vol. 5*, March, 1943.

Dominant behavior of institutionalized subnormal negro girls; an experimental study. *Am. J. Ment. Def.*, 47:4, April, 1943.

Humphreys, Edward J.: Editorial—Reports on the memorandum and proposal described in the preceding number of the journal. *Am. J. Ment. Defi.*, 47:3, January, 1943.

Editorial—The civil way of life. *Am. J. Ment. Defi.*, 47:4, April, 1943.

Ambulatory insulin and adjunctive institutional treatment of mental defectives with psychiatric disorders. (With Vassaf, E., Menzel, Mrs. A., and Howe, S.). *Am. J. Ment. Defi.*, 47:4, April, 1943.

Jervis, George A.: Experimental studies in alcoholism and avitaminosis. *Quart. J. Stud. on Alco.*, 3:4, March, 1943.

Guillain-Barré syndrome and acute anterior poliomyelitis. *Am. J. Dis. of Child.*, 65:3, March, 1943.

Mongolism in twins. *Am. J. Ment. Defi.*, 47:4, April, 1943.

The pathology of Forrsman's "carotid syndrome." *Arch. Pathol.*, 35:4, April, 1943.

Lathrop, Bennett M.: Seasonal variations in the incidence of dental caries. *Am. J. Ment. Defi.*, 47:3, January, 1943.

NEWARK STATE SCHOOL

Witzel, August E.: A tribute to Dr. Charles E. Rowe. *PSYCHIAT. QUART. SUPPL.*, 17:1, January, 1943.

ADMINISTRATIVE OFFICES

STATISTICAL BUREAU

Malzberg, Benjamin: The increase of mental disease. *PSYCHIAT. QUART.*, 17:3, July, 1943.

OFFICE OF DIRECTOR OF PSYCHIATRIC SOCIAL WORK

Crutcher, Hester B.: The contribution of psychiatry to social work. *PSYCHIAT. QUART. SUPPL.*, 17:1, January, 1943.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

STATE HOSPITALS

BINGHAMTON

- Gregory, Hugh S.: Morale in time of war. Before institute in Elmira at organization of group of block leaders, January 14.
- Mental hygiene in a changing world. Before Family and Children's Society, Binghamton, January 19.
- A physician looks at religion. Before Men's Class of East Side Congregational Church, Binghamton, April 12.
- Mental hygiene needs of our county. Before Council of Social Agencies of Broome County, April 15.
- Personal counseling with boys and girls showing personality disorders. Before counselors of High Schools of Binghamton, April 20.
- Young, Claude R.: Morale and its control. Before Block Leader Training Institute, Binghamton, January 15.
- Boltz, Oswald H.: Some mental problems to be anticipated in the civilian population in the event of bombing or sabotage, and suggestions for handling such problems. Before Emergency Welfare Group, Binghamton, June 9.
- Ferran, John B., Jr.: Lecture in psychology. Before affiliating group of nurses at Binghamton State Hospital, in January.
- Book review—The Successful Error. January 6.
- Schutzer, Ulysses: Use of electric shock therapy in mental illness, followed by demonstration of technique. Before Broome County Medical Society, May 11.
- Elliott, Helen E.: Personal problems. Before Business and Industrial Group, Y. W. C. A., Binghamton, June 3.

BROOKLYN

- Bellinger, Clarence H.: Address to parent-teacher association, P. S. 221, February 17.
- Beckenstein, Nathan: Lecture and clinical demonstration to two groups from Hunter College, May 10.

Terrence, Christopher F.: Six years of insulin therapy. Paper delivered at meeting of New York Society for Clinical Psychiatry, Brooklyn State Hospital, March 11.

Riemer, Morris D.: Lectures and clinical demonstrations to students from Middlebury College, Vermont, January 4; class in psychology from Brooklyn College, January 15; and class from New York University, April 16.

The psychology of ideas of unreality with emphasis on feelings of strangeness. Paper read at meeting of Psychiatric Society of Metropolitan State Hospitals, Brooklyn State Hospital, February 26.

Bianchi, John A.: Treatment of the affective psychoses by metrazol and electric shock therapy. Paper read at meeting of New York Society for Clinical Psychiatry, Brooklyn, March 11.

Gold, Leonard S.: Autonomic balance as measured by 'Meeholyl' in cases treated with insulin shock. Paper read at meeting of New York Society for Clinical Psychiatry, Brooklyn, March 11.

Van Bark, Bella S.: The importance of family relationships and their influence on the child's mental development. Address to parent-teacher association, P. S. 234, January 19.

The relationship between physical and mental development. Address at meeting of parent-teacher association, P. S. 24, January 20.

Two courses in psychology to affiliate student nurses at Brooklyn State Hospital.

Unwin, Florance R.: Completed two 30-hour courses in home nursing under auspices of Brooklyn Chapter of American Red Cross, at Consumer's Center, O. C. D., 71st Precinct, Brooklyn.

Lockwood, Mildred H.: Lectures to B'Nai Brith Society of Brooklyn College, November, 1942; to Social Service Club of Hunter College, January 8; to student nurses at Brooklyn State Hospital during April on problems of social hygiene, education and recreation, and agencies and methods for relief and prevention.

Porter, Victorine H.: Psychiatric social service in a State hospital. Talk to students from New York University, February 25.

Functions of social workers in a State hospital. Talk to students from Bennett College, Millbrook, February 18.

342 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Development of and function of psychiatric social service. Lectures to affiliating student nurses, Brooklyn State Hospital, during January, April and June.

Lectures to student nurses, Brooklyn State Hospital, during March on history and modern development of social work, crime and delinquency, and alcohol and toxic psychosis.

Kampe, Laura L.: One 30-hour course in home nursing under auspices of American Red Cross, at Community Center, Beth-El Hospital.

BUFFALO

Faver, Harry E.: Key to conduct. Address at Pine Woods School, parent-teacher association, March 1.

Morale in wartime. Address to B'Nai Brith Auxiliary, March 12.

Control of anxiety. Address to block monitors, Kenmore High School, April 8.

Child guidance. To parent-teacher association, School 46, Buffalo, April 15.

Detection of anxiety. To parent-teacher association, Charlotte Cross School, Lockport, April 23.

History of psychiatric care. To Maimonides Club, May 3.

Progress in psychiatry. To Exchange Club, Buffalo, June 3.

Levin, H. L.: Demonstrations of cases of organic and functional psychoses, illustrating their relationship to educational and social problems. To psychology and sociology classes of University of Buffalo and State Teachers' College, March 20 and 27.

Yost, Murray A.: War and morale. Address to Buffalo Society of Optometrists, January 19.

Psychology of the adolescent. To Temple Beth Zion Sunday School Collegiate Group, January 24.

Psychiatry and war. To Kiwanis Club, Buffalo, January 28.

Stell, Bernard S.: Shock therapies in State hospitals. To Buffalo Medical Arts Society, January 10.

Mental hygiene of children in wartime. To parent-teacher association, Central School, Tonawanda, March 3.

Pratt, Theresa E.: Place of arts and crafts in occupational therapy. Illustrated talk to Guild of Allied Arts, International Institute, Buffalo, January 18.

Occupational therapy in mental hospitals. To Couples Club, First Methodist Church, Buffalo, March 23.

CENTRAL ISLIP

Gralnick, Alexander: Psychotherapeutic aspects of insulin treatment. Paper read at annual meeting of the American Psychiatric Association, Detroit, May 13.

The movement of 850 insulin and metrazol treated cases during a six-year period. An exhibit presented at annual meeting of the American Psychiatric Association, Detroit, May 10 to 13.

Metrazol, electric and insulin treatment of the functional psychoses. A motion picture presented at annual meeting of the American Psychiatric Association, Detroit, May 10 to 13.

Psychotherapeutic and interpersonal factors in insulin treatment. Address to students of American Institute for Psychoanalysis, New York City, May 28.

McLaughlin, Dorothy D.: Opportunities in nursing. Talks between April 1 and May 15 at St. John's University and Brooklyn College, Brooklyn; also at Bayport, Bellport, Sayville, Seton Hall, Central Islip, Smithtown Branch, Islip, Manhasset and Thomas Jefferson High Schools for the purpose of recruiting student nurses.

Future in nursing. Talk before the Student Forum, Metropolitan area, June 3.

CREEDMOOR

Bennett, Jesse L.: Lecture on postwar medical problems. To Good Citizenship League, Flushing, March 2.

Hall, Robert J.: Lectures and clinical demonstrations. To Nassau County Ministers' Association, January 21; to Queens County Lutheran Ministers' Association, April 5; to Metropolitan Liberal Ministers' Club, May 10.

Victor, George: Lecture and clinical demonstration. To psychology students from Queens College, December 22.

Taylor, Wayne: Lecture and clinical demonstration. To psychology students from Queens College, December 22.

GOWANDA

Gray, Earle V.: All year round hobby as aid to mental health. Before Izaak Walton League, Buffalo, April 16.

Marritt, Henry D.: Psychiatry during war. Before Men's Club, Dayton, April 6.

Psychiatry and the community. Before Jamestown Chapter of International Council for Exceptional Children, May 13.

HARLEM VALLEY

LaBurt, H. A.: Chairman, eleventh annual meeting New York State Conference on Social Work, area 14, Poughkeepsie, June 17.

HUDSON RIVER

Ross, John R.: Insulin treatment. Lecture (illustrated by moving pictures) to Men's Club, Vassar Temple, Poughkeepsie, April 12.

The psychoneuroses. Lecture to staff of Vassar Brothers Hospital, Poughkeepsie, May 27.

Grover, Milton M.: Lecture and clinic to class in sociology. Vassar College, January 25.

Special course of lectures to junior class. Albany Medical School, May 12 to June 2.

Notkin, John Y.: Instruction in clinical neurology. To matriculates of the New York Post-Graduate Medical School, Columbia University.

Wolfson, Isaac N.: Course of 12 lectures on psychiatry. To senior nurses, Vassar Brothers Hospital, February and March, 1943.

Present-day problem of children. Part in panel discussion at annual meeting of parent-teacher association, Poughkeepsie High School, March 25.

The study of the needs of Poughkeepsie's young people and the resources of meeting these needs. Member of panel group opening an all-day institute, organized by Youth Service Division, Poughkeepsie War Council, High School, Poughkeepsie, April 30.

Demonstration psychiatric clinics to nurses. Vassar Brothers Hospital, Kingston Hospital, and students in abnormal psychology and child hygiene at Vassar College, April 29, May 3 and 7.

Child in the war crisis. Address to parent-teacher association, Krieger School, Poughkeepsie, May 12.

Insulin shock treatment. Talk illustrated by moving pictures to senior class in child hygiene and abnormal psychology at Vassar College, May 19.

DeNatale, Frederick J.: Demonstration psychiatric clinics to nurses, Kingston Hospital, May 7. To health officer group, May 25.

Groom, Wirt C.: Instructions to health officer group at hospital, May 25.

KINGS PARK

Wolberg, Lewis R.: Lectures in psychiatry to sophomore medical students at New York Medical College during January, February and March.

Child institutionalization as a psychotherapeutic procedure. Paper read at the Association for the Advancement of Psychotherapy meeting, March 24.

Anderson, Lloyd: Laboratory procedure with the common varieties of bacteria. Address to biology class of Kings Park Central School, Kings Park, April 28.

Bonnyman, Johanna F.: Nursing. Address to high school students of Northport High School, Northport, April 27, and to students of Kings Park Central School, Kings Park, May 12.

Miliei, Pompeo: War neuroses. Address to Long Island Osteopathic Society, Mineola, May 12.

MANHATTAN

Davidson, Gerson: Lectures with clinical demonstrations of psychiatric cases. To 35 students, department of psychology, College of the City of New York, April 29; to a group of students, New York University, May 5; to 35 students, department of psychology, College of the City of New York, as well as to a group from the College of Education, College of the City of New York, May 6; to a group of 35 students, Queens College, Flushing, May 7.

Harlow, Ralph: Lectures with clinical demonstrations of the organic psychoses. To 15 nurses, New York State Psychiatric Institute and Hospital, January 28; to a group of 10 affiliating students, New York State Psychiatric Institute and Hospital, April 28.

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Hoch, Paul H. (with Kubis, Joseph, department of psychology, Graduate School, Fordham University, New York). Scientific exhibit of the psychogalvanometric studies in normals, criminals and psychotics at annual meeting of American Psychiatric Association, Detroit, May 10 to 13.

MARCY

Howard, John A.: Growth of the child. Talk to Women's Club, St. Paul's Church, Whitesboro, May 17.

MIDDLETOWN

Schmitz, Walter A.: Russia. Address before Republican Club of Middletown, April 8.

Some aspects of Russia. Address before Tourist Club of Middletown, April 19.

Moody, Ray W.: Talk before the ministers' association of Middletown, at hospital, February 2.

Kelly, William E.: Little journeys in pathology. Talk before ministers' association of Middletown, at hospital, February 2.

Kleiner, Solomon: Parole and family care. Talk before ministers' association of Middletown, at hospital, February 2.

PILGRIM

Arieti, Silvano: Multiple meningioma and meningiomas associated with other brain tumors. Paper read at the annual meeting of the American Neuropathological Association, New York, May 5.

Bigelow, Newton J. T.: Practical psychology. Address before the Islip Town School Boards Association on May 14.

Brussell, James A.: Neuropsychiatry. A series of weekly lectures to the officers of the medical department, Station Hospital, Fort Dix, N. J., beginning February 8.

Military neuropsychiatry. Address, Southern New York Induction Station, Grand Central Palace, New York City, May 19.

Psychology of the sick. Address to The Gray Ladies, Red Cross, Fort Dix, N. J., June 15.

Kalinowsky, Lothar B.: Survey on electric shock treatment. Paper read at the round table discussion on electric shock therapy. American Psychiatric Association meeting, Detroit, May 11.

Southerland, Robert W.: Observations on blood chemistry of epileptic patients receiving phenobarbital Grs. I, a. m. and sodium bromide Grs. XXX, p. m., daily for seven years. Neurophysiological observations in shock therapy. Papers presented at the Southside Clinical Society, Bay Shore, February 17.

Worthing, Harry J.: Presided at section meeting at annual meeting of American Psychiatric Association, Detroit, May 13.

ROCHESTER

Slaght, Kenneth K.: Lecture and clinical demonstration to class in abnormal psychology, University of Rochester, February 24.

Lecture and clinic, school of nursing, Craig Colony, Sonyea, March 26.

Pollack, Benjamin: Aims and ideals of occupational therapy. Before Highland Alumni Nurses' Association, March 25.

Newer treatments of mental disorders. Before Sonyea (Craig Colony) nurses, March 26.

Community problems due to mental disorders. Before senior class, Brockport Normal School, May 18.

Lemmle, Malwina T.: Completed teaching standard first aid course for American Red Cross to South Side air raid wardens.

ROCKLAND

Carp, Louis (member of board of visitors): Surgery for appendicitis. Address over radio station WNYC, March 11.

Miller, Joseph S. A.: Present status of State hospital treatment and demonstration of mental patients. Address before Association for Improvement of Conditions in the State Mental Hospitals, Hotel Diplomat, January 20.

Some notes on the social and hospital treatment of the predelinquent adolescent. Part of a symposium on the psychotherapy of the adolescent, before Society for the Advancement of Psychotherapy, New York City, February 10.

348 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Munn, Charlotte: Minor mental and physical ills with special reference to anxiety and wartime tension. Lecture before monthly meeting of nurses of Sparkill and Piermont, April 5.

Clardy, Ed Rucker: Modern psychiatry and its problems of today. Address at Methodist Church, Haverstraw, January 5.

Management of problem children. Address before Child Care Aides at Albany City Club, Albany, March 12.

Management of everyday problems in children. Lecture before Albany Child Care Aid Society, April 15.

Mental hygiene problems and mental disorders in children. Address before a group of Rensselaer County physicians and officials of the State Health Department, April 15.

General problems of young children. Talk to newly-married couples at Methodist Church, Pearl River, February 3.

Organization and function of the Rockland State Hospital Children's Group. Lecture to Fordham psychology students at hospital, April 2.

The general psychiatric management of the preschool child. Lecture before parent-teacher association, Brick Church, Monsey, May 11.

Sex problems in children. Lecture before parent-teacher association, South Nyack School, South Nyack, May 26.

ST. LAWRENCE

Pritchard, J. A.: Address to members of the Women's Guild of the Potsdam Hospital, Potsdam, on problems of hospital administration, May 12.

Howard, Clifford E.: Talk on civilian morale at an institute for block leaders, City Hall, Ogdensburg, February 2.

The mental hygiene laws relating to health officers and their responsibility as health officers to the insane and the community. Discussion to group of health officers at an institute at the hospital, May 26.

Carson, William R.: Talk on the therapeutic program with particular reference to special facilities for the treatment of acute and medical surgical cases. To health officers at an institute at the hospital, May 26.

Feinstein, Samuel: Discussion and demonstration of electric shock therapy. To health officers at an institute at the hospital, May 26.

UTICA

Helmer, Ross D.: Round table discussion with group of newly-appointed health officers, at the instigation of Dr. Samuel Hyman, local district health officer, at Utica State Hospital, Utica, June 8.

Warner, George L.: Lecture and clinical demonstration to a group of psychology students from Union College, Schenectady, at the Utica State Hospital, January 27.

Gosline, Anna J.: Some aspects of child guidance and mental hygiene in home and school. Address to Mother's Club, Main Street School, Whitesboro, February 24.

McKendree, Oswald J.: Psychiatry and the community. Address before the Exchange Club, Hotel Utica, Utica, April 23.

The State hospital and its relationship to the community. Address before Mohawk Valley Technicological Society (group of 30) at Morris Coffee Shop, Utica, May 5.

Psychiatry and the war. Paper read before the Utica Academy of Medicine, Hotel Utica, Utica, May 13.

Bink, Edward N.: The methods of treatment in a State hospital. Address to a group of Utica business men, the volunteer hospital aides, at the Odd Fellows Hall, Utica, June 10.

Randall, Ethel A.: Diversional occupational therapy. Address to Gray Ladies at Red Cross rooms, Paul Building, Utica, January 25.

Charles, Catherine: Mental hygiene. Address to the Fonda Lay Public Health Committee, Fonda, January 4.

WILLARD

Pamphilon, Walter M.: Address to health officers on methods of admission to a State hospital, May 20.

Vallee, Clarence A.: Mental clinic to class in mental hygiene from Cornell University, April 20.

Mental clinic to class in sociology and freshmen students from Keuka College, April 21.

Mental clinic to students from Elmira College, April 29.

Mental clinic to health officers of Willard State Hospital district, May 20.

350 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

McGreevy, Joan F.: Mental clinic to nurses from Auburn City Hospital, February 25.

Raffaele, Angelo: Mental clinic to class in sociology and freshmen students from Keuka College, April 21.

Mental clinic to students from Elmira College, April 29.

Mental clinic to health officers of Willard State Hospital district, May 20.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Daltroff, Wilburta: Assisted Lewis, N. D. C., in series of weekly lectures on psychiatry to students of New York School of Social Work, at Psychiatric Institute, April 1 through June 17.

Ferraro, A.: Cerebral pathology in experimental vitamin K deficiency (vitamin K deficiency hemorrhagic diathesis). (With Roizin, L.) Paper read at annual meeting of Am. Asso. Neuropathol., New York City, May 5.

Hinsie, L. E.: Problems and methods of psychotherapy. Before Medical Psychology Club, New York Medical College, January 27.

Problems in placing applicants with psychoneuroses. Before U. S. Employment Service of the War Manpower Commission, New York City, January 14.

The psychology of occupational therapy. Before the Occupational Therapy Club, Columbia University, New York City, March 25.

Psychological factors involved in senility. Before the Journal Club of the Department of Neurology and Psychiatry of New York Post-Graduate Hospital, May 15.

Horwitz, W. A.: The effect of convulsions and petit mal reactions on components of the blood. (With Sperry, W. M., and Barrera, S. E.) Read before section on convulsive disorders, American Psychiatric Association, Detroit, May 11.

Kallmann, F. J.: Schizophrenia in a pair of monozygotic twins. (With Shea, E. J.) Paper read at eighty-fifth meeting of New York Society for Clinical Psychiatry, New York, February 11.

Landis, C.: Psychological tests in the United States Army. At Command and General Staff School, United States Army, Fort Leavenworth, Kan., March 27.

Lewis, N. D. C.: Geriatrics. To class of nurses, Columbia-Presbyterian Medical Center, New York City, January 4.

Luke, J. A.: Unusual childish fantasies during the development of adolescent schizophrenia. (With Horwitz, W. A.) Paper read at eighty-fifth meeting of New York Society for Clinical Psychiatry, New York, February 11.

Pacella, B. L.: Use of electroencephalography in pediatrics. Lecture given in the post-graduate course, "Recent advances in pediatrics," at the New York Post-Graduate Medical School and Hospital, January, 1943.

Clinical psychotherapy of the child. Paper read before Association for the Advancement of Psychotherapy, New York City, March 24.

Use of electroencephalography in the war effort. (Paper read before the New York Neurological Society and the Section of Neurology and Psychiatry of the New York Academy of Medicine, New York City, March 9.

Electroencephalographic studies in obsessive compulsive patients. Paper presented at annual meeting of American Psychiatric Association, Detroit, May 11.

Polatin, P.: How to protect our children from the mental effects of war. Talk before Parents Club of P. S. 189, New York City, January 12.

Mental illness occurring simultaneously in mother and daughter. Paper read at eighty-fifth meeting of New York Society for Clinical Psychiatry, New York City, February 11.

Clinical demonstrations in psychiatry. Before Psychology Society of the College of the City of New York, at Psychiatric Institute, March 30.

Zubin, J.: Experiments in volition. Talk before Psychology Club of the College of the City of New York, May 22.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

Abel, Theodora M.: The subnormal adolescent in need of psychotherapy. Before New York Association for the Advancement of Psychotherapy, February 10.

Responses of negro and white morons to the Rorschach Test. (With Z. A. Piotrowski and Gertrude Stone.) Presented at annual meeting of American Association on Mental Deficiency, New York City, May 13.

Humphreys, Edward J.: Presided at panel discussion; the utilization of the physically and mentally handicapped in the war and postwar periods. At annual meeting of American Association on Mental Deficiency, New York City, May 13.

NEWARK STATE SCHOOL

Hubbell, Hiram G.: Expansion of family care at the conclusion of the present war. Read at the Quarterly Conference, Albany, March 27.

Intensive training of the higher grade defective. Read at annual meeting of American Association on Mental Deficiency, New York City, May 13.

Derby, Irving M.: Wayne County laboratory aids in diagnosis. Talk before Wayne County Medical Society, Lyons, June 8.

Sirkin, Jacob: Vocational guidance. Talk to Rotary Club, Lyons, February 1.

Acrocephalosyndactylism. Read at annual meeting of American Association on Mental Deficiency, New York City, May 14.

Wright, Floyd R.: Fundamentals of diets. Before class in home nursing, Newark High School, April 5.

Evaluating the remedy. Before Wayne County Medical Society, Lyons, April 13.

ROME STATE SCHOOL

Millias, Ward W.: Memorial tribute to Dr. Charles Bernstein. Before annual meeting of American Association on Mental Deficiency, New York City, May 11.

Clinical demonstration for Utica Central School of Nursing, May 19.

Montgomery, Maxwell C.: Tour of institution and lecture on training of mental defectives for teachers from Canajoharie High School, June 10.

Baum, Theodore: Walking clinic, with case illustrations on wards, for students from Union College, January 27.

Kelleher, James P.: Chairman section meeting, annual meeting of American Association on Mental Deficiency, New York City, May 14.

SYRACUSE STATE SCHOOL

Fischer, Hedwig: The importance of French culture. Address to the committee of the French Week, Museum of Fine Arts, Syracuse, May 5.

Why we should love France. Address to Zonta Club at the weekly luncheon at the Hotel Syracuse, May 27.

Bickle, E. H.: Lecture and clinical demonstration to sophomore student nurses of Syracuse Memorial Hospital on mental deficiency as applied to pediatrics, on May 27 and May 28.

Bisgrove, S. W.: Mental hygiene planning in wartime. Before group at Council of Social Agencies, Binghamton, April 15.

Cashore, W. Helen: The purpose of the school and the educational program. Talks to students of Onondaga Valley Academy, April 14 and 22.

WASSAIC STATE SCHOOL

Wearne, Raymond G.: Mental hygiene. Before the Home Bureau of Ulster County, Kingston, May 19.

Clinical demonstration with lecture on mental deficiency. To Harlem Valley State Hospital nurses and affiliates, June 15.

ADMINISTRATIVE OFFICES

OFFICE OF ASSISTANT COMMISSIONER

Lang, H. Beckett: Became associate professor in psychiatry, Albany Medical School, January 1; lecture to third-year students on psychiatry and on psychiatric problems in the war emergency through May.

Civilian morale. Address to block leaders of Albany District, January 14.

Psychiatric implications in international affairs. Joint discussion before Albany branch, Foreign Policy Association, February 4.

The influence of emotion on thinking and planning. Address to Albany Torch Club, March 1.

Reactions of people under stress. Address to air raid warden training group, Warren County, March 19.

Panic and its control. Lecture to Nassau County civilian defense officers, March 20.

Emotional and personality attitude influencing morale. Discussion at round table forum, Committee on Civilian Morale, Albany, April 4.

Causes and control of hysterical and panic reactions in emergencies. Address, Second Civilian Defense Area School, April 9.

Emotional reactions and their control during emergency. Talk at joint meeting of air raid wardens, civilian defense volunteers and parent-teacher association, Carmon School, Schenectady, April 20.

354 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Prevention and control of panic reactions. Lecture at Nassau County Gas Training School, April 27.

Mental hygiene and nursing procedures. Address to Capitol District New York State Nurses' Association, May 21.

Emotional reactions of people under stress. Address in air raid warden training program, Colonie District, No. 11, May 27.

Causes and control of panic. Address to Erie Niagara Frontier Civilian Protection Unit Gas School, Buffalo, June 25.

OFFICE OF THE SECRETARY

Pierce, Clarence M.: The care of the mentally ill in New York State. Address to Delmar Reformed Church group, January 19.

Summary of legislation for 1943. Paper read at Quarterly Conference at Albany, March 27.

STATISTICAL BUREAU

Pollock, Horatio M.: Prewar observation of family care in Europe and postwar planning for family care in New York State. Paper read at Quarterly Conference in Albany, March 27.

What kind of persons go insane. Address before Albany Philosophical Society, April 21.

Mental hygiene and mental deficiency. Presidential address at annual meeting of American Association on Mental Deficiency, New York City, May 14.

Malzberg, Benjamin: Some statistical aspects of the alcoholic psychoses. Paper to be presented to School of Alcoholic Studies, Yale University.

EDITORIAL COMMENT

CLIFFORD WHITTINGHAM BEERS

Clifford Whittingham Beers probably contributed more than any other individual of the present generation to the betterment of conditions for the institutionalized mental patient and for increased public understanding of and tolerance for mental derangement. What enlightened psychiatrists visualized as hopeful possibilities, Beers, more than any other person, helped achieve as realities. The revolutionary transformation of refuges for the hopeless and padded cells for the dangerous into hospitals for active treatment, a transformation achieved in the last half century, was planned and executed by psychiatrists; but it was made possible in large part only through the work of this brilliant layman in arousing and mobilizing public opinion in its support—through his autobiographical account of "A Mind That Found Itself" and through his work in organizing what is now the internationally powerful mental hygiene movement. Beers in the twentieth century stands with the immortal figures of William Tuke in the eighteenth and Dorothea Lynde Dix in the nineteenth as leaders from the lay world who were in the forefront of the advance of medical science in their days in alleviating the suffering of the mentally afflicted. Beers, with Tuke and Dix, should serve as an inspiration to achievement for all those in the nonmedical disciplines which are allied with psychiatry in the study, care and prevention of mental ills.

Beers' life, too, is both an example and an inspiration in another field. Everybody is familiar with the stories of the great who rose to eminence despite physical handicap—Milton, Pope, Byron and Stevenson are examples which occur readily from literature. And, as an outstanding example of our day is the figure of President Roosevelt who not only overcame a handicap which it was generally expected would end his public life, but who turned that handicap into an instrument of great good by inspiring and promoting research and treatment on a national scale for fellow-victims of his malady, poliomyelitis. What Roosevelt has done in using his physical misfortune to aid his fellow-sufferers, Beers did in the psychiatric field by using a personal misfortune to help fellow-sufferers from mental derangement. It is, perhaps, a unique achievement. We all know, of course, of patients who have given free consent for the use of their life histories and who have contributed studies of their symptoms from the subjective point of view for the cause of scientific study of mental illness. We are equally aware of the list of the mad great in literature, music and art, from Col-

eridge to Van Gogh and Tschaiowski to Nijinsky; and we can readily detect prominent schizophrenic elements in certain modern schools of poetry, sculpture and painting. But the patients who have contributed studies of their own case histories have been merely supplying material for other workers to use; their psychoses crippled or ended the careers of most of the deranged great; and the question is at least an open one as to whether the psychotic elements in the modern arts have been culturally valuable contributions. The case of Clifford Beers is different; his psychosis provided material, not for other men's work but for his own; far from allowing it to cripple his career, he founded his career upon it; and the cultural and social value of his contribution has been great beyond all doubt.

The mental hygiene movement which Beers inspired has too many ramifications for adequate appraisal; but no informed person in medicine or among the laity has any doubt of its enormous worth. Gregory Zilboorg once appraised it as, among other things, having opened such new fields as "child guidance and preventive psychiatry, which bid fair to be two of the chief instruments for combining, sociological and psychiatric research." It is true that many eminent leaders of the day in medicine, philanthropy and public life, such men as Thomas W. Salmon, Adolf Meyer, Frankwood E. Williams, Payne Whitney and William James contributed time, effort, money and leadership to the cause. But the concept, the stimulation, the capacity to attract such outstanding personalities, the early leadership, all these were contributions of Clifford Beers. They were contributions made by a man who necessarily faced the fact that he had had a psychotic breakdown which there was no guaranty would not recur; some of their success may have been due, in fact, to his conscious intellectual employment of abnormal mental energy; however those matters may have been, the contributions were made, and to the end of such social service as has rarely been achieved by any single individual.

A FOOTNOTE TO WARTIME HISTORY

The minutes and papers of the Quarterly Conference reported in this issue of *THE PSYCHIATRIC QUARTERLY SUPPLEMENT* include a footnote to an important chapter of world history, a record of what a large department of the nation's greatest State is doing in these times to meet a problem of survival. From the discussion, there seems reason to derive hope and courage.

The farms are more than ever before important; the raising of more vegetables, the production of more pork and milk and eggs are not wildly inspiring things. Good farming, good housekeeping, good cooking may pro-

vide a foundation for mental health *in corpore sano*, even though the approach may seem slow and indirect when compared to modern psychotherapy or shock treatment. This is not to infer that our State hospitals have ever neglected the physical care of their patients; it is to lend emphasis, rather, to the implication of Agriculture and Markets Department speakers at the conference that the budgets which make good physical care possible seem sometimes to have been drafted in the past with the primary consideration not the institutions' needs but rather the provision of the minimum on which their farms could operate.

Emergency appropriations have bettered matters this year. Given a continuance of good growing weather, larger crops will be raised, more stock will be produced, the institutions will derive more food from their farms and buy less on the open market. Naturally, in times of food shortage, this will not mean any general improvement in hospital diet. But an important precedent has been set. When the war ends, there will have been actual demonstration of what increased funds for seed, stock, farm employees and farm equipment can do in the way of producing more and better food for the State's mental patients—and, in the long run, effecting savings in institution upkeep.

The problem of the eight-hour day has done nothing to simplify State institution farm operation. Whether the Legislature covered the farm workers in providing overtime pay for mechanical, ward and other employees of the institutions does not seem entirely clear, and actual practice throughout the Department probably is not uniform. What is certain, of course, is that until God adopts the eight-hour day for weeds and crops and milch cows, it will be futile for any Legislative enactment to prescribe that no farmer in State employ shall work more than eight hours a day—unless a severe slump in farm production is to result, or unless overtime payments or increased forces are to be allowed.

It would require a survey of all the institutions to determine just to what extent, if at all, overtime pay provisions have been utilized to cope in one way or another with a serious farm labor shortage. From information at hand, however, it would appear that, in this summer of greatly increased need, no way has yet been found—either through overtime or any other means—even to keep farm labor up to authorized strength, let alone provide the additional help which greater acreage under cultivation and more animals to be cared for should require. This is not to say that the increased production program will fail; it certainly will not; the goal will be met somehow, perhaps through the largely uncompensated efforts of patriotic employees and patients who will place national and institution needs first and their own private interests second.

But unless satisfactory uniform rules for all the State's farms are established in the meantime, this problem is certain to be with us for at least another summer—possibly for many other summers. Patients suitable for farm work cannot be found in unlimited numbers; and their increased employment would not greatly reduce the need for more farm employees, for working patients must be supervised. The Legislature should be asked to consider means for emergency help next summer. It should be asked to prescribe definite overtime pay during the emergency for institution farm labor, so that working conditions will be uniform and compensation adequate throughout the State's institutions. And for the peacetime future, the Legislature should either provide doubled forces from April to October or should continue uniform, definite overtime pay for farmers and dairymen whenever they are required to serve for long periods. Peacetime provisions of this sort either would have forestalled criticisms of recent years that the State farms are not operated at a profit or would have made it possible to answer any such criticism by an accounting which showed that State farm labor was receiving overtime compensation not generally charged in private agriculture.

It is certain that makeshift provisions should not be expected to meet the war emergency and must not be relied upon during the coming peace. If it may have been possible in some cases to assign payroll items arbitrarily to meet needs—doctors have been hired in the past on attendants' items—and if this practice has been of help anywhere in the present summer's emergency, it seems probable that the extension of the Feld-Hamilton Law to the Department will prevent it or greatly curtail it after next October 1. In any case, general labor conditions and the welfare of the institutions will militate against any such makeshifts, even if the law does not.

There are many excellent farmers and shrewd farm managers in the State's employ. With the present Commissioner a specialist of years' experience in hospital administration, it will be a strange thing if it is not possible to persuade future Legislatures to take the steps necessary to improve the institution farms and to establish the fair and uniform employment regulations to permit maintenance of such improvement, for it should be possible to demonstrate to our lawmakers that improvements in the institution farms are reflected both in budget savings and in better institution care.

BOOK REVIEWS

Fundamentals of Psychiatry. By EDWARD A. STRECKER, M. D. 201 pages. Cloth. J. B. Lippincott Company. Philadelphia. 1942. Price \$3.00.

Dr. Strecker, Professor of Psychiatry in the University of Pennsylvania, was recently elected President of the American Psychiatric Association. As a teacher of psychiatry and one who has lived with it for many years, he is well qualified to write upon the subject.

The book appears to be the fruit of years of lectures to students. It stresses throughout the unity between internal medicine and psychiatry. It never tires of reiterating that every illness, even those which appear to be the result of physical disorders, contains, nevertheless, mental and emotional components which must be recognized, properly evaluated and treated.

Evidently, the little volume was intended for students, and as a textbook it will find itself a useful place.

A chapter on psychoneuroses lays emphasis upon the neuroses of war. Strecker's presentation of types of psychoses and psychoneuroses is in accordance with modern psychological conceptions. For the Freudian "unconscious" he makes use of the term "not-conscious" mind. It is doubtful whether this term is an improvement over the term "unconscious," for one must explain to students what is meant by either term. Psychiatric literature is in need of a term better than either of these.

The author has here material which if elaborated upon would occupy many hundred pages. In order to make the presentation suitable for students he has condensed it almost to a blackboard presentation (page 135). Charts and diagrams have a prominent place throughout. The book is written in plain language and, while technical terms of course must be employed, the student will not be required to refer constantly to a dictionary. It is predicted that the book will prove to be popular among medical students.

The Family in a World at War. Edited by Sidonie Matsner Greuenberg. 298 pages. Cloth. Harper and Brothers. New York. 1942. Price \$2.50.

Many well-known names appear on the title page of this book: men and women who are interested in social work in its practical applications to the family. To mention but a few of the best-known, these should be named:

Eleanor D. Roosevelt, Paul V. McNutt, James S. Plant, Pearl Buck, David Levy—and there are yet many others. Sidonie Gruenberg is the editor and she has contributed the first chapter.

Only four of the 20 contributors are physicians. This is a book intended for general readers, those who are concerned about the influence of present-day conditions throughout the world on the family and the rising generation. Such an one would not be disappointed in giving a careful reading to this book. He would doubtless mark special passages for rereading and would be likely to return to it again and again.

Managing Your Mind. *You Can Change Human Nature.* By S. H. KRAINES, M. D., and E. S. THETFORD. 374 pages with index. The Macmillan Company. New York. 1943. Price \$2.75.

Dr. Kraines and his coauthor present for the general reader a book which expresses a good many obscure psychological truths and a considerable amount of highly debatable material in astonishingly simple and comprehensible language. They trace the origin of the psychoneuroses to the involuntary responses of the autonomic nervous system to emotional stimuli from the environment and note that, through the operations of the central nervous system, "we almost as automatically inhibit or prevent these physical preparations from being released into action. The result is the creation of countless physical and psychologic symptoms, ranging all the way from high blood pressure to hysterical paralysis, from peptic ulcers to insomnia, from aphonia to impotence." The release of the tension built up in the autonomic nervous system by the restraint of the central nervous system is the aim of their psychotherapy.

To achieve this aim by establishing "emotional stability," they prescribe: "(1) *make an inventory*; i. e., face yourself, take stock of your habitual responses, decide which attitudes are your allies, which your enemies; (2) *will to change*; and (3) most important of all—seize every opportunity that presents itself to *put your new attitude into practice*. . . . the reward—a sane and happy mind in a healthy body—is worth the effort." Despite pronounced reservations on this prescription, there is excellent material in this book, good chapters on psychologic mechanisms and symbolic symptoms, a better than ordinary discussion of sex and marriage, a good analysis of "emotional thinking" and much sound and practical advice concerning desirable attitudes and activities in everyday life. There are also illuminating illustrations in numerous well-presented brief case histories of the more common psychoneurotic symptoms, with reports on results of psychotherapy in most of the cases.

A few emphatic objections to the theory and practice herein outlined may now be registered. Self-psychotherapy is no more to be generally recommended than self-drug-therapy; if it is not likely to be so dangerous, it is even more likely to be useless—no self-therapist can employ the essential and delicate instrument of transference. The case histories reported by the authors to illustrate their thesis are not those of self-therapists; they are obviously from psychiatrists' or psychiatric clinics' records. The authors in all probability would not seriously recommend self-psychotherapy for such conditions as hysterical paralysis or impotence; and they give vigorous and repeated warnings against self-diagnosis and self-medication. Yet expressed or implied repeatedly throughout the book, is the advice to undertake self-treatment of the psyche. In discussing heart symptoms, they advise ". . . remember these two things: (1) only a skilled physician is qualified to diagnose your condition and tell you whether your difficulty is functional or organic, and (2) if he assures you that there is no organic pathology, then you must undertake the arduous task of changing your attitudes and reaction patterns in such a way as to reduce or eliminate the overactivity of your hypothalamus; that is, release your tension." This reviewer submits that point "(2)" is very bad advice indeed, that when "functional" symptoms are severe enough to send a patient to a physician, that patient needs skilled psychiatric help, not amateur self-exploration. It seems possible that the authors would not entirely disagree with this observation and that the impression such advice will make on the reader is not what they intended; but the result is that any recommendation to a patient of what in some respects might be a helpful book should be accompanied by plainly stated and strong reservations.

The psychiatric school to which the authors adhere is not explicitly stated. They discuss the ego in relation to physiological tension rather than in relation to the unconscious. "The inferiority complex," they remark, "is a fungus growth in the rapidity with which it spreads and its resistance;" and they note that ". . . *inferiority feelings are not subject to modification by reason . . .*" On another subject, they note: "The medievalist (there are many living in the twentieth century) who by branding sex as 'lustful' and 'sinful' would attempt to stamp out its evil is no more absurd than the 'modern' who insists on reading sexual implications into everything from the distorted elements of a fantastic dream to the innocent play of children." In another connection, they say, "Some (though probably not so many as the Freudians would have us believe) men have a mother fixation . . . they disparagingly measure every other woman by the mother-standard, and consequently find it impossible to find happiness away from 'mother's apron strings.'"

Psychiatric Nursing. By KATHARINE McL. STEELE, B. S., R. N. 390 pages. Cloth. Second Edition. F. A. Davis Company. Philadelphia. 1941. Price \$3.50.

Katharine McLean Steele has had a superior and extensive experience and training to qualify her for writing upon the subject of nursing in psychiatric cases—head nurse and night superintendent at the Henry Phipps Psychiatric Clinic, superintendent of nurses at the Colorado Psychopathic Hospital, superintendent of nurses at the Worcester State Hospital and director of nurses at the Municipal Psychiatric Hospital, Caracas, Venezuela. It is rarely that one can be found whose occupational experience has better qualified her.

This is the second edition of Mrs. Steele's book, the first edition of which went through three printings. The first part is taken up with a general survey captioned "An Introduction to Psychiatric Nursing" in which modern psychological mechanisms are discussed and explained and the principles of mental hygiene are elaborated. The second part takes up the practical procedures in psychiatric nursing, both in the home and in institutions. Her interest in the care of mental patients in general hospitals is evinced by an excellent chapter in which rather minute instructions are given to the student nurse regarding her contact with the patients, how they should be addressed and what attention should be given to their delusional expressions. An interesting feature of the book is the setting aside in tabular form of important cautions such as the observation of violence, when it may be expected and perhaps anticipated.

In discussing symbolism in mental derangement and word obsession, the author seems to imply that the nurse may attempt to cure such annoying symptoms by discussing them with the patient. At least a reader would come to that conclusion. She says, for example, "If it is possible to uncover the complex from which the word obsession originates, it is often extremely helpful to the patient to do this." Knowing the author's background, the reviewer feels confident that Mrs. Steele does not advocate that nurses meddle with deep emotional conflicts in the patients. She doubtless means to say that if the complex can be uncovered by a qualified psychiatrist, it would be helpful. It is much to be hoped that a student nurse reading this paragraph on page 38 would not be encouraged to attempt to uncover complexes but would have before her constantly the admonition that "fools rush in where angels fear to tread."

The second edition has a new chapter, "Psychiatric Nursing in Public Health Work," which is contributed by W. Wallace Weaver, assistant professor of sociology in the University of Pennsylvania. This discussion is

from the standpoint of a social welfare worker. An interesting portion of this chapter has to do with the psychiatric training requisite for dealing with the emotional problems arising in the military service.

The second edition of "Psychiatric Nursing" has much to recommend it. It should find a place in every nursing school library, and in many schools it will be wanted for a textbook.

You and Marriage. Edited by Helen Mougey Jordan. 296 pages. Cloth. John Wiley and Sons, Inc. 1942. Price \$2.50.

This book is comprised of a series of 15 lectures edited by Helen Mougey Jordan. "The book is unique in offering practical help in managing the home and feeding and clothing the family. This material is adapted for young couples in the first years of marriage."

The book is replete with scientific facts and useful information in regard to the home and how it should be conducted and relationship between the members of the family. All of it is excellent but directly on the practical and conscious level. The psychiatrist would ask himself, after reading this book, to what extent do marriages become happy or unhappy by reason of conscious planning and consideration. When married people consult him because they are "nervous" or despondent, it is usually because emotional elements preponderate in the relationship. It will be a question in his mind whether emotional factors can be controlled, modified or harmonized without the insight to be gained by psychotherapy. This is not a *terra incognita* to Oscar B. Markey, M. D., a professor of mental hygiene. He gets to the core of the problem in the first paragraph of his chapter when he says, "What may be learned about 10,000 people is often nullified by the behavior of the one person under observation and care." This observation is universally true. Also he makes another comment in the same paragraph which is worthy of being quoted. "Anyone who expects to get a complete answer to his own questions in a book, in a lecture or even in a treatment interview lacks the strength of judgment necessary for applying what other people have learned." The good doctor goes on to warn the simple and trustful souls who believe they have prepared themselves by attending lectures and reading books on psychology by saying, "On the other hand entering marriage with the hopeful feeling that all the pitfalls can be avoided through some outside preventive help is a naïveté and innocence which in the end may turn out even more disturbing than ignorance."

The reviewer does not mean by these references, and he is sure that Dr. Markey does not intend to imply, that prospective married couples cannot be helped by books and lectures; and so the reviewer would warmly recom-

mend the book to young people, both the single and the married, as affording much useful information on physiology and psychology; but if anyone is sanguine enough to hope that the streets of Reno will grow a crop of hay, his disappointment will be keen.

Psychotherapy with Children. By FREDERICK H. ALLEN, M. D. 311 pages. Cloth. W. W. Norton and Company. New York. 1942. Price \$3.50.

Dr. Allen is well known as the Director of the Philadelphia Child Guidance Clinic. Papers which he has presented at medical and educational gatherings have been listened to with interest and favorably commented upon.

One of the important interests of psychiatry in recent decades has been in training personnel for such clinics. Organized at first as an aid to public school teachers, these clinics have gone beyond this narrow field and have become an important activity of psychiatry. Psychiatric training for internes could hardly be considered adequate if a portion of the time spent in the child guidance clinics was not included.

In this book, Dr. Allen has organized his presentation admirably. After a presentation of aims and methods, he goes on to discuss the various types of children who are likely to be encountered—the fearful, the aggressive and others and how best to gain their cooperation. He devotes a number of chapters to the discussion of individual cases seen in the clinic.

The book is a practical and useful contribution to the subject of child psychology and management. It is recommended, not only for specialists in the field of child care, but for teachers and parents who would do well to gain a familiarity with its contents.

Sex Guidance in Family Life Education. A Handbook for the Schools. By FRANCES BRUCE STRAIN. 340 pages with bibliography. Cloth. The Macmillan Company. New York. 1942. Price \$2.25.

This book actually presents a guide in constructive sex teaching from kindergarten to senior high school. If we accept sex education as an integral part of learning and growth, a book which helps us to solve the problem of how to impart this knowledge in a successful way is certainly welcome. It should assist in making this world a better place to live in for youth and their elders.

In the first chapter, entitled "A New Ideology," the author postulates that every sex education program should promote:

1. Satisfaction of the love impulse throughout its various stages of growth.
2. Association of the sexes in work and play.
3. Adoption of acceptable terminology.
4. Utilization of innate pride in function for good living.
5. Knowledge of mammalian reproduction, including human.
6. Correlation of sex knowledge with every-day experience.
7. Preparation for sexual maturation.
8. The balancing of sexual and non-sexual (egoistic, social) satisfactions.
9. The removal of causative factors in sex delinquency.
10. The substitution of acceptable for unacceptable modes of sex expression.
11. The fostering of the creative and recreative arts and sciences.

The individual, to be suited for sex-teaching, should have acquired adequate knowledge and training besides being endowed with social graces, poise, a mature personality and libidinal adequacy. Besides the usual academic studies, a knowledge of biology and physiology, inclusive of human reproduction, child psychology and child guidance, sociology and mental hygiene should be the foundation and the background for good sex-teaching.

The community also must be included in the program. A counseling center in connection with the school may become an agency for service to teachers, pupils, parents and others connected with teaching and guidance of youth.

It seems that educators, teachers and parents with an open mind will find in the book valuable directing ways in their search for better education of today's children, for the improvement of human relations and the fostering of a happier life, which is in essence the good life.

NEWS AND COMMENT

DR. PARNALL TO DIRECT STATE HOSPITAL SURVEY

Christopher G. Parnall, M. D., superintendent and medical director of Rochester General Hospital, former president of the American Hospital Association and former commissioner of public welfare of Rochester, has been named director of the survey to be conducted for the five-member Moreland Act Commission of the New York State Department of Mental Hygiene. Archie O. Dawson, chairman of the commission, announced the appointment in New York City on July 16, 1943. The board of the Rochester hospital granted a six-month leave of absence to Dr. Parnall for service with the commission.

Governor Dewey, writing to Dr. Parnall that the commission had requested his services, said members felt "unanimously and quite logically that you are the best fitted man to direct the study." Of the State hospital system, the Governor wrote: "Our system must be improved and greatly so." He pointed out that "one-third of the entire operating budget of the State goes into mental hospitals."

Public hearings in the Moreland Act investigation of the Department are not expected before fall, according to Chairman Dawson. Dr. Parnall is to have a staff of experts in hospital administration and services to assist in the survey, it was announced. Mr. Dawson is quoted as having outlined a division of the investigation into six principal fields; admission and discharge procedures, personnel, professional care, hospital construction, collection of funds for patients' support, and the administrative organization of the Department.

Dr. Parnall is 63 years old, a native of Michigan and a graduate of the medical school of the University of Michigan in 1904. He specialized in gynecology and obstetrics at the university following his graduation and was later director of hospitals and public health at Jackson, Mich. He had served for six years as professor of administrative medicine at the University of Michigan when he became medical director of the Rochester General Hospital in 1924. He was commissioner of public welfare in Rochester in 1933. He is a major in the medical corps reserve.

THE INSPIRER OF THE MENTAL HYGIENE MOVEMENT IS DEAD

Clifford Whittingham Beers, whose autobiographical account in "A Mind That Found Itself" of his experiences in the custodial insane asylums of 40 years ago inspired the foundation of the mental hygiene movement and the transformation of the nineteenth century asylum into the modern mental hospital, died in Butler Hospital in Providence on July 9, 1943. He had been in the hospital for nearly two years, and his death was caused by a complication of diseases. He was 67 years old.

In 1900, during his early 20's, Clifford Beers suffered a depression accompanied by delusions, precipitated by the fact that a brother was epileptic. He attempted suicide by a leap from a fourth-story window of his home in New Haven, Conn. He suffered only broken bones in his ankles and was placed by his family in a private sanatorium where for a time he was mute and depressed. His account of his mood swings, his elated periods, his delusions, appeared later in his writings. He spent three years in mental institutions, two private hospitals and the Connecticut State Asylum. In the last, beginning to recover stability, he deliberately acted in such a disturbed fashion that he was transferred to a violent ward, an objective he had sought to study the institution's methods. He witnessed, he said, ill-treatment of patients, a practice which the publication of his book later helped to end. A letter he managed to get to the Governor of Connecticut finally led to the discharge of some of the more brutal attendants and to the alleviation of some of the more distressing conditions.

When Beers wrote of these experiences with angry power five years later, he started an international movement inspired by pity and indignation. He had been discharged as recovered in 1903 and had returned to business. Before the outbreak of his psychosis, he had been employed by a New York life insurance company and had had the ambition of becoming a Wall Street financier; but he left business permanently in 1906 to devote the rest of his life to bettering the condition and improving the treatment and public understanding of the mentally ill.

"A Mind That Found Itself" was published in 1908. It was published with the support of many of the most eminent figures in American public life, and it created an international sensation. William James wrote the introduction. And when the Connecticut Society for Mental Hygiene was founded two months after the book came off the press, the sponsors included Cardinal Gibbons, Henry Van Dyke and Jane Addams; and Adolf Meyer had contributed the title, "mental hygiene," to describe the move-

ment. When the society was organized it was at the home of the Rev. Anson Phelps Stokes, then secretary of Yale University, that Beers and a group of his supporters met.

When the National Committee for Mental Hygiene was organized a year later, with Clifford Beers as its secretary, it won financial support from the Rockefeller Foundation, the Milbank Memorial Fund, the Commonwealth Fund, and such individuals of wealth as Mrs. William K. Vanderbilt, V. Everit Macy, Payne Whitney, Mrs. E. H. Harriman, Mrs. Elizabeth Milbank Anderson and Henry Phipps. The International Committee for Mental Hygiene was organized with Beers as general secretary more than 20 years later—in 1930. Before the outbreak of World War II, the movement for which Beers was chiefly responsible had spread to some thirty countries, including the United States and Canada.

"A Mind That Found Itself" has gone through 28 editions since its first printing and has been translated into several languages. Permanent organizations for the support of the mental hygiene movement have been set up, the American Foundation for Mental Hygiene in 1928, and the International Foundation for Mental Hygiene in 1931; Clifford Beers became secretary of both. He was secretary-general of the First International Congress on Mental Hygiene, which was held in Washington in 1930 with an attendance of some 3,500 delegates representing more than 50 nations. He remained active in the leadership of the mental hygiene movement until 1939 when he was forced to give up his work because of ill health.

National and international honors and recognition poured on Clifford Beers. On a trip to Europe in the interests of mental hygiene in 1923, he was received by King Albert of the Belgians and by Cardinal Mercier in private audiences. In 1933, France presented the cross of chevalier of the Legion of Honor to him, and in the same year he received the gold medal of the National Institute of Social Sciences for "distinguished services for the benefit of mankind." The following year, "Twenty-five Years After—Sidelights on the Mental Hygiene Movement and Its Founder," was published in a presentation edition in his honor. It was made up of a collection of about 500 personal tributes collected by Dr. William A. Welch, chairman of the tribute committee which had been appointed by the National Committee on Mental Hygiene for the anniversary celebration.

Mr. Beers was a member or honorary member of numerous societies for the advancement of science or social welfare, including the American Psychiatric Association, the American Orthopsychiatric Association and the British National Committee for Mental Hygiene.

Clifford Whittingham Beers was born in New Haven on March 30, 1876, the son of Robert Anthony and Ida Cooke Beers. After attending the New Haven public schools, he entered Yale University and was graduated from Sheffield Scientific School with the degree of Ph.B. in 1897. His university honored him with the degree of master of arts in 1922. In the three years before his psychotic breakdown, he had worked in the New Haven tax office and later in an insurance office. He was married, in 1912, to Clara Louise Jepson, who survives him. There are no children.

DR. ROSS TO GO TO RHODE ISLAND STATE HOSPITAL AUGUST 1

John R. Ross, M. D., superintendent of Hudson River State Hospital, will retire from the New York State hospital service on August 1, 1943, to become superintendent of the Rhode Island State Hospital. Biographical notes on the career of Dr. Ross and on that of Dr. George W. Mills, who retired on July 1 as superintendent of Creedmoor State Hospital, are scheduled to appear in the October issue of *THE PSYCHIATRIC QUARTERLY*.

ITEMS OF INTEREST TO PSYCHIATRIC WORKERS

Scientific articles of unusual general interest, or of particular interest to psychologists, occupational therapists, nurses and other nonmedical specialists in the psychiatric field include, in the April *PSYCHIATRIC QUARTERLY*, "The Graphic Rorschach Manual," by J. R. Grassi and K. N. Levine, and "Effects of Age on the Bellevue Intelligence Scales in Schizophrenic Patients," by Arthur Weider; and in the July *QUARTERLY*, "Thomas Lovell Beddoes, A Psychiatric Study," by Hiram Kellogg Johnson, M. D.

Other items of interest include "Sex Education for Wholesome Living," the April *QUARTERLY* editorial, "New Leadership for the Department of Mental Hygiene," the July *QUARTERLY* editorial, and news reports of the retirement of Dr. Tiffany as Commissioner and the appointment of Dr. MacCurdy in the April and July issues respectively.

April *QUARTERLY* book reviews of more than specialized interest are: "Our Age of Unreason," by Franz Alexander, M. D., "March of Medicine," the New York Academy of Medicine Lectures to the Laity, 1942, "Introduction to the Psychoanalytic Theory of the Libido," by Richard Sterba, M. D., "Sex Adjustments of Young Men," by Lester A. Kirkendall, Ph.D., "Psychology Applied to Nursing," by Lawrence Augustus Averill, Ph.D., and Florence C. Kempf, R. N., A. M., "Child Psychology," by Charles E. Skinner and Philip Lawrence Harriman, and "Social Case Records from Psychi-

atric Clinics," by Charlotte Towle. July QUARTERLY reviews include, "Psychotherapy in Medical Practice," by Maurice Levine, M. D., "Cultural and Racial Variations in Patterns of Intellect," by Solomon Machover, Ph.D., "William James," by A. A. Roback, "The Human Hand," by Charlotte Wolff, M. D., "From Witchcraft to Chemotherapy," by Sir Walter Langdon-Brown, "A Long Term Study of the Experimental Neurosis in the Sheep and Dog," by O. D. Anderson and Richard Parmenter, "Thoughts of a Psychiatrist on the War and After" (reprinted), by W. A. White, M. D., "Comparative Psychology," edited by F. A. Moss, "Dialogue with Death," by Arthur Koestler, "Victories of Army Medicine," by Col. Edgar Erskine Hume, and "Love Against Hate," by Karl Menninger, M. D.

MEYER IS HONORARY HEAD OF PSYCHOSOMATIC RESEARCH GROUP

Adolf Meyer, M. D., was chosen honorary president of an important new medical association, the American Society for Research in Psychosomatic Problems, at its first annual meeting which was conducted in Detroit from May 9 to 11 in conjunction with the 99th annual meeting of the American Psychiatric Association. Tracy Putnam, M. D., of the Neurological Institute of New York, editor of the Archives of Neurology and Psychiatry, was elected president; and Winfred Overholser, M. D., was named president-elect. Edwin G. Zabriskie, M. D., was elected secretary-treasurer, and Ruth Potter was named assistant secretary-treasurer.

The association unanimously adopted a constitution; and the following counsellors were chosen: Dana Atchley, M. D., Arlie Boek, M. D., Flanders Dunbar, M. D., Jules Masserman, M. D., William Ogburn, Ph.D., Kurt Richter, M. D., Milton Senn, M. D., Harry Solomon, M. D., and Edward Weiss, M. D. Research committees were appointed on psychosomatic problems in obstetrics and gynecology, early infancy and childhood, physiological mechanisms, war medicine, industrial medicine, and internal medicine. Other committees were named on psychosomatic implications of animal experimentation, psychosomatic teaching in medical schools, psychoanalytic research in psychosomatic problems, and psychosomatic approach to social and cultural problems.

Besides an open meeting on gastrointestinal dysfunction, at which Walter L. Palmer, M. D., professor of medicine at the University of Illinois, presided, the Detroit sessions included a closed military meeting on "The Unfit: Not to Exclude and How to Use Them." Col. Roy D. Halloran, chief of the neuropsychiatric division of the surgeon general's office was chairman; and

speakers included Col. Leonard Rowntree, Maj. Henry W. Brosin and M. R. Harrower-Erickson, Ph.D. A meeting was conducted in New York City on May 15 when papers were read on new methods of psychosomatic diagnosis, including new Rorschach techniques and a new electronic method for measuring and recording deviations in psychosomatic functions.

COMMISSIONER LANG TO GO ON NAVAL DUTY

H. Beckett Lang, M. B., assistant commissioner of the New York State Department of Mental Hygiene, will go on active duty as a lieutenant commander with the United States Navy on August 15. He will be on leave of absence from the Department and will be stationed temporarily at the United States Naval Medical Center, Bethesda, Md.

THE SITUATION AT CREEDMOOR

George W. Mills, M. D., who retired on July 1, 1943, as superintendent of Creedmoor State Hospital after holding that position since its establishment as a separate institution on July 1, 1935, prior to which he had served since June 8, 1927, as superintendent of Brooklyn State Hospital, has issued a statement to THE PSYCHIATRIC QUARTERLY SUPPLEMENT as to his point of view and that of the Creedmoor board of visitors on the amoebic dysentery outbreak at Creedmoor early this year and the Moreland Act investigation which followed.

Archie O. Dawson, appointed Moreland Act Commissioner to inquire into the Creedmoor situation—after State Senator Seymour Halpern of Queens County had issued a statement after a private visit, incognito, to the institution—reported to Governor Dewey on May 24. He divided responsibility for conditions he found to exist among the superintendent of Creedmoor, the hospital board of visitors, the Department of Mental Hygiene and the shortage of employees due to the war. On a recommendation in this report, Governor Dewey appointed a five-man Moreland Act commission headed by Mr. Dawson on May 26 to inquire into the operations of the entire Department. He specifically announced that it was not an “inquisitorial commission” but was aimed to better conditions for patients in the State’s institutions. Notice of its appointment and membership was printed in THE PSYCHIATRIC QUARTERLY of July, 1943, as well as notice of the appointment of Dr. Frederick McCurdy, who had advised on the personnel of the investigators, as the new Commissioner of Mental Hygiene.

Commissioner Dawson's conclusions have not been reported previously in *THE SUPPLEMENT*. Some of the more outstanding are summarized here from news reports which were published in the daily press at the time. The charges concerning Dr. Mills were that conditions at Creedmoor "resulted from his failure properly to inspect the institution or to delegate other physicians of responsibility and authority to make such inspections." He declared flatly at the same time, however, that Dr. Mills had been "frank, honest and cooperative in this investigation;" but he recommended that the superintendent who already had applied for retirement, "be replaced promptly by a man of vigor and executive ability."

Mr. Dawson also charged that the board of visitors had failed to make the monthly inspections of the hospital required by the Mental Hygiene Law and expressed the opinion that members of the board "deserve sharp condemnation and censure for their failure to live up to their obligations to the State and its wards." He said an inspection of the hospital in March "showed a lack of the most elementary sanitary precautions with reference to the preparation and handling of food," and that there was "a history of apathy by the Department of Mental Hygiene, and neglect and indifference by the management of the institution extending over a period of years." Beginning in 1938, he reported, there had been 103 cases of amoebic dysentery at Creedmoor, with 11 fatalities, the last four between January 1 and March 12, 1943, during which time there were 53 active and 32 carrier cases at the hospital. He said that 37 of the 85 persons who had the disease or were carriers of it in 1943 were patients or employees engaged in handling food.

Among Mr. Dawson's recommendations were: a change in the law to permit persons other than physicians qualified by five years of mental hospital experience to be appointed as institution superintendents; the use of conscientious objectors to military service to help relieve the Creedmoor labor shortage; the fingerprinting of all patients; the ending of the practice of discharging patients who have eloped and are still at large at the end of a year; and the establishment of standards for the collection of funds for patients' support to eliminate political pressure for reductions.

Dr. Mills' brief statement on the situation follows:

"In 1940, one case of amoebic dysentery was discovered postmortem. In 1941, routine stools disclosed one case with a liver abscess indicating previous infection with *entamoeba histolytica*. In 1942, we diagnosed 12 cases of amoebic dysentery. All of these cases were routinely reported to the New York City Department of Health and in October a special report was sent to the Department and the aid of the New York State Department of Health was requested. However, none was received until another report and re-

quest was made in December. We were then informed that by mutual agreement the Department of Health of New York City acted for the State Department in situations arising in State institutions located within New York City limits.

"A special appeal to the New York City Department of Health resulted in an epidemiologist being assigned, and studies were under way when, in February of 1943, several employees came down with the disease. An urgent request for more trained help led to our being visited by an expert in tropical medicine and inspections by Department of Health engineers who were expert in sanitation and water supply. We were very fortunate in having the advice of Dr. Harry A. Most, director of Meinhardt Tropical Disease Center. Laboratory technicians especially trained in the recognition of amoebae were assigned to us and studies started on food handlers in various parts of the hospital. A rodent survey was made by Benjamin E. Holsendorf, instructor in rodent control, New York City Department of Health.

"Preliminary reports from these various sources were received the end of February, and we were endeavoring with our seriously handicapped force to put the recommendations into effect when Mr. Archie O. Dawson was appointed Moreland Commissioner by Governor Dewey and instructed to investigate Creedmoor State Hospital and the Department of Mental Hygiene. The report of the Moreland Act Commissioner has been released, and summaries of its general condemnatory trend are well known to the readers of this journal and to the public. The board of visitors of this hospital and the superintendent wish to go on record as stating that they believe better results could have been obtained sooner had there been closer cooperation between the Department of Mental Hygiene, the Executive Department, the New York State Department of Health and the superintendent and board of visitors of the hospital."

In response to an inquiry addressed to Dr. Mills by THE SUPPLEMENT concerning his attitude toward reports that numerous toilets were found to be out of order on inspection of the Creedmoor patient buildings, Dr. Mills presented extracts from a letter addressed by him on March 3 to Dr. William J. Tiffany, then Commissioner of Mental Hygiene. "Commissioner Stebbins (Commissioner of Health of New York City) states in his letter that 26 toilets were found obstructed, etc., in four patient buildings and 26 others not water-supplied in two of the buildings. I was not with the Board of Health inspectors nor was any such condition brought to my attention at the time they were here. It does happen that toilets are frequently stopped up in Buildings 'R' and 'S,' less frequently in 'M' and 'L.' At times, such stoppages may be in the lines and may involve an en-

tire battery of fixtures in one toilet section or even two. With such conditions existing, it is customary to turn off the water until the stoppage is cleared up. Inspectors were young men with no knowledge of State hospital operation. The plumber who was with them tells me that a mechanic was working on stopped lines at the time of their visit. They made their own notes; did not ask any explanation of their guide. Our maintenance force has two plumbers and four helpers—one of the plumbers and two of the helpers, i. e., half of the force, is constantly busy in Buildings 'R' and 'S' which are for disturbed and destructive patients. The other three are able to take care of all the other buildings. I have no doubt but what conditions are worse now than formerly, due to very inadequate supervision."

Dr. Mills also cited for *THE SUPPLEMENT* a report, which he said he believed was unpublished, made on March 22, by Dr. James E. Perkins, director of the division of communicable diseases, New York State Department of Health. Dr. Mills quotes this report in part as stating: "Detailed and voluminous reports have been submitted by the New York City Health Department with regard to their investigation of the sanitation of the hospital. From the epidemiological evidence it would seem that most of the defects discovered were of no significance in this particular case in the dissemination of the infection. . . . I was impressed with the surprisingly good condition of things under the circumstances. . . ." In an open letter to Governor Dewey on July 13, Dr. Mills made the additional assertion that Dr. Perkins had attributed the increase in dysentery cases to wartime loss of personnel at Creedmoor. Dr. Mills said in his open letter that the board of visitors had appealed in January in its regular monthly report to the Governor for action to relieve a situation in which the visitors said, "the standard of care at Creedmoor is lowest in its history, and all through no fault of its own." That communication, Dr. Mills said, had reported the presence of amoebic dysentery. Dr. Mills said that many of Commissioner Dawson's recommendations to improve conditions at Creedmoor, including the employment of conscientious objectors, had paralleled his own. Mr. Dawson was quoted in the *New York Times* as saying of the open letter, "I am afraid Dr. Mills is looking for excuses, rather than reasons for the breakdown in administration during his régime at the hospital."

The report of the full five-man Moreland Act Commission as to the affairs of the Mental Hygiene Department as a whole is still to be made.

GENERAL STATISTICAL INFORMATION RELATING TO STATE HOSPITALS, STATE SCHOOLS AND CRAIG COLONY

CENSUS OF JULY 1, 1943

Patient population:

Civil State hospitals:

In hospitals	72,241
In family care	1,199
On parole	8,668
	<hr/> 82,108

Dannemora and Matteawan 2,773

Licensed institutions for mental disease *5,591

Institutions for mental defectives:

In institutions proper	13,940
In colonies	1,459
In family care.....	562
On parole	2,172
	<hr/> 18,133

Licensed institutions for mental defectives *562

Institutions for defective delinquents 1,941

Craig Colony for epileptics 2,438

Total *113,546

Certified capacity of civil State hospitals 62,591

Certified capacity of Dannemora and Matteawan 2,457

Certified capacity of institutions for mental defectives 11,713

Certified capacity of Craig Colony for epileptics 1,990

Medical officers in civil State hospitals 334

Medical officers in Dannemora and Matteawan 13

Medical officers in institutions for mental defectives 41

Medical officers in Craig Colony for epileptics 11

Employees in civil State hospitals 13,498

Employees in Dannemora and Matteawan 775

Employees in institutions for mental defectives 2,539

Employees in Craig Colony for epileptics 391

*Subject to correction.

MOVEMENT OF EMPLOYEES IN THE CIVIL STATE HOSPITALS DURING THE YEAR ENDED JUNE 30, 1943

State hospitals	In service, July 1, 1942			Engaged			Left service			In service, June 30, 1943			Vacancies, June 30, 1943			Number of patients, excluding paroles, June 30, 1943, to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employee	Employee
Binghamton	15	385	250	2	322	109	1	317	105	16	390	254	2	24	19	170.3	7.0	4.1
Brooklyn	32	797	274	17	749	135	20	898	163	29	648	246	2	..	34	115.4	5.2	3.6
Buffalo	11	312	208	2	278	69	2	374	73	11	216	204	5	104	22	229.3	11.7	5.9
Central Islip	28	876	353	9	499	154	10	648	145	27	727	362	18	372	75	272.1	10.1	6.6
Creedmoor	22	625	308	10	372	163	12	550	161	20	447	310	7	196	38	217.9	9.7	5.6
Gowanda	13	276	204	1	152	58	4	209	67	10	219	195	5	183	39	270.0	12.3	6.4
Harlem Valley	16	590	267	4	382	164	5	511	180	15	461	251	9	199	50	303.9	9.9	6.3
Hudson River	22	617	382	7	368	154	8	482	167	21	503	369	7	166	47	234.2	9.8	5.5
Kings Park	29	779	426	6	414	148	9	569	175	26	624	399	15	332	123	249.0	10.4	6.2
Manhattan	19	442	305	12	222	76	12	225	79	19	439	302	3	64	47	177.6	7.6	4.4
Marey	15	334	232	4	214	75	6	269	89	13	279	218	3	80	48	194.7	9.1	5.0
Middletown	18	475	235	..	246	47	8	306	51	10	415	231	11	104	23	365.9	8.8	5.6
Pilgrim	39	978	445	13	402	237	18	662	271	34	718	411	20	569	173	257.9	12.2	7.5
Psychiatric Inst. and Hos.	12	71	156	11	49	78	9	53	84	14	67	150	6	20	14	9.8	2.0	0.6
Rochester	15	423	195	1	149	54	4	192	72	12	380	177	6	105	46	262.8	8.3	5.5
Rockland	34	862	420	9	636	250	12	852	266	31	646	404	8	396	72	191.8	9.2	5.5
St. Lawrence	9	303	232	3	240	93	5	264	86	7	279	239	9	45	8	298.4	7.5	4.0
Syracuse Psycho. Hospital	3	51	24	1	24	4	1	50	6	3	35	22	1	13	5	7.7	0.7	0.4
Utica	12	248	215	1	191	45	4	232	60	9	207	200	4	58	32	200.9	8.7	4.3
Willard	10	361	269	2	88	99	5	176	121	7	273	247	10	165	61	428.9	11.0	5.7
Total	374	9,805	5,400	115	6,007	2,212	155	7,839	2,421	334	7,973	5,191	151	3,195	976	231.2*	9.3*	5.5*

*Excluding Psychiatric Institute and Syracuse Psychopathic Hospital.

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MOVEMENT OF PATIENTS IN THE CIVIL STATE HOSPITALS DURING THE YEAR ENDED JUNE 30, 1943, AS REPORTED BY SUPERINTENDENTS
AND STATEMENT OF CAPACITY AND OVERCROWDING JUNE 30, 1943

State hospitals	Census, July 1, 1942	Admissions				Discharges							Census, June 30, 1943	Certified capacity	Overcrowding		
		First admissions	Readmissions	Transfers	Total	Recovered	Much improved	Improved	Unimproved	Not insane	Died	Transferred			Total		
Binghamton	3,054	398	135	37	570	133	115	58	25	13	299	5	648	2,976	2,391	255	10.7
Brooklyn	4,488	2,690	613	45	3,348	491	358	383	46	..	1,128	927	3,333	4,503	2,603	740	28.4
Buffalo	2,841	509	147	153	809	130	111	64	42	2	292	160	801	2,849	1,942	553	28.5
Central Islip	8,219	879	293	350	1,522	246	447	171	59	6	498	173	1,600	8,141	6,443	818	12.7
Creedmoor	5,232	587	171	68	826	299	135	90	39	1	380	141	1,085	4,973	3,904	454	11.6
Gowanda	2,812	377	122	464	963	143	77	57	27	18	232	134	688	3,087	2,228	388	17.4
Harlem Valley	4,938	292	89	37	418	65	78	49	20	12	272	45	541	4,815	3,972	459	11.6
Hudson River	4,972	455	222	478	1,155	135	112	99	22	8	486	91	953	5,174	4,131	679	16.4
Kings Park	7,236	603	245	517	1,365	176	391	92	26	3	375	186	1,249	7,352	5,390	1,063	19.7
Manhattan	3,446	1,952	300	11	2,263	329	131	94	44	..	1,105	126	1,829	3,880	3,372	..	..
Marcy	2,873	447	109	27	583	71	140	93	30	25	268	8	635	2,821	2,140	345	16.1
Middletown	3,708	204	112	351	667	77	60	50	35	12	210	48	492	3,865	2,742	729	26.6
Pilgrim	10,022	1,006	315	140	1,461	557	395	88	44	2	680	52	1,818	9,665	7,831	853	10.9
Psy. Inst. and Hos.	155	279	66	..	345	70	92	79	100	7	5	..	353	147	210	-73	..
Rochester	3,465	430	119	22	571	85	127	49	16	10	272	22	581	3,455	2,740	358	13.1
Rockland	8,014	878	353	152	1,383	352	450	258	72	36	427	948	2,543	6,854	4,700	1,197	25.5
St. Lawrence	2,234	268	84	71	423	108	43	24	18	2	165	2	362	2,295	1,721	261	15.2
Syracuse Psy. Hos.	39	390	139	..	529	79	66	46	48	66	13	227†	545	23	60	-37	..
Utica	2,052	406	134	12	552	71	97	80	20	32	238	18	556	2,048	1,552	182	11.7
Willard	3,292	310	114	6	430	79	73	65	18	12	297	11	555	3,167	2,519	426	16.9
Total	83,092	13,360	3,882	2,941	20,183	3,696	3,498	1,989	751	267	7,642	3,324	21,167	82,108	62,591	9,760*	15.7*

*Excluding Psychiatric Institute and Syracuse Psychopathic Hospital.

†Committed to other institutions.

GENERAL STATISTICAL INFORMATION

MOVEMENT OF EMPLOYEES IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE YEAR ENDED
JUNE 30, 1943

State institutions	In service, July 1, 1942			Engaged			Left service			In service, June 30, 1943			Vacancies June 30, 1943			Number of patients, excluding paroles, June 30, 1943, to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officer	Ward employee	Employee
State Schools for Mental Defectives:																		
Letchworth																		
Village ...	14	499	213	2	364	34	6	368	46	10	495	201	6	15	31	430.1	8.7	6.1
Newark	8	309	172	1	100	57	1	161	52	8	248	177	1	83	7	232.1	10.7	6.1
Rome	8	481	209	2	131	51	3	223	75	7	389	185	7	121	57	500.7	9.0	6.0
Syracuse	6	136	129	6	123	30	7	107	36	5	152	123	1	10	13	189.0	6.2	3.4
Wassaic	13	443	197	1	205	60	3	311	66	11	337	191	3	245	47	413.9	13.5	8.4
Total ...	49	1,868	920	12	923	232	20	1,170	275	41	1,621	877	18	474	155	389.3	9.8	6.3
Craig Colong for Epileptics ...																		
12	249	200	1	68	28	2	124	41	11	193	187	2	132	32	204.5	11.7	5.8	

MOVEMENT OF PATIENTS IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE YEAR ENDED JUNE 30, 1943, AS REPORTED BY SUPERINTENDENTS AND STATEMENT OF CAPACITY AND OVERCROWDING ON JUNE 30, 1943

State institutions	Census, July 1, 1942		Admissions				Discharges						Census, June 30, 1943		Certified capacity	Overcrowding in institutions	
	First admissions	Readmissions	Transfers	Total	Improved	Unimproved	Not mentally defective	Not epileptic	Died	Transferred	Total	Number	Percent				
Defectives:																	
Letchworth Village	4,701	446	66	512	277	119	5	..	56	1	458	4,755	3,178	913	28.7		
Newark	3,178	189	21	323	132	79	..	..	51	1	263	3,128	1,874	402	21.5
Rome	3,950	210	31	254	105	55	..	..	79	2	241	3,963	2,440	179	7.3
Syracuse	1,350	127	..	128	86	19	..	..	4	11	120	1,358	677	—130	..
Wassaic	4,965	317	43	363	249	65	3	..	81	1	399	4,929	3,544	863	24.4		
Total	18,144	1,289	161	20,147	849	337	8	..	271	16	1,481	18,133	11,713	2,927	19.0		
Craig Colony for Epileptics	2,514	197	21	218	66	78	150	..	294	2,438	1,990	259	13.0		

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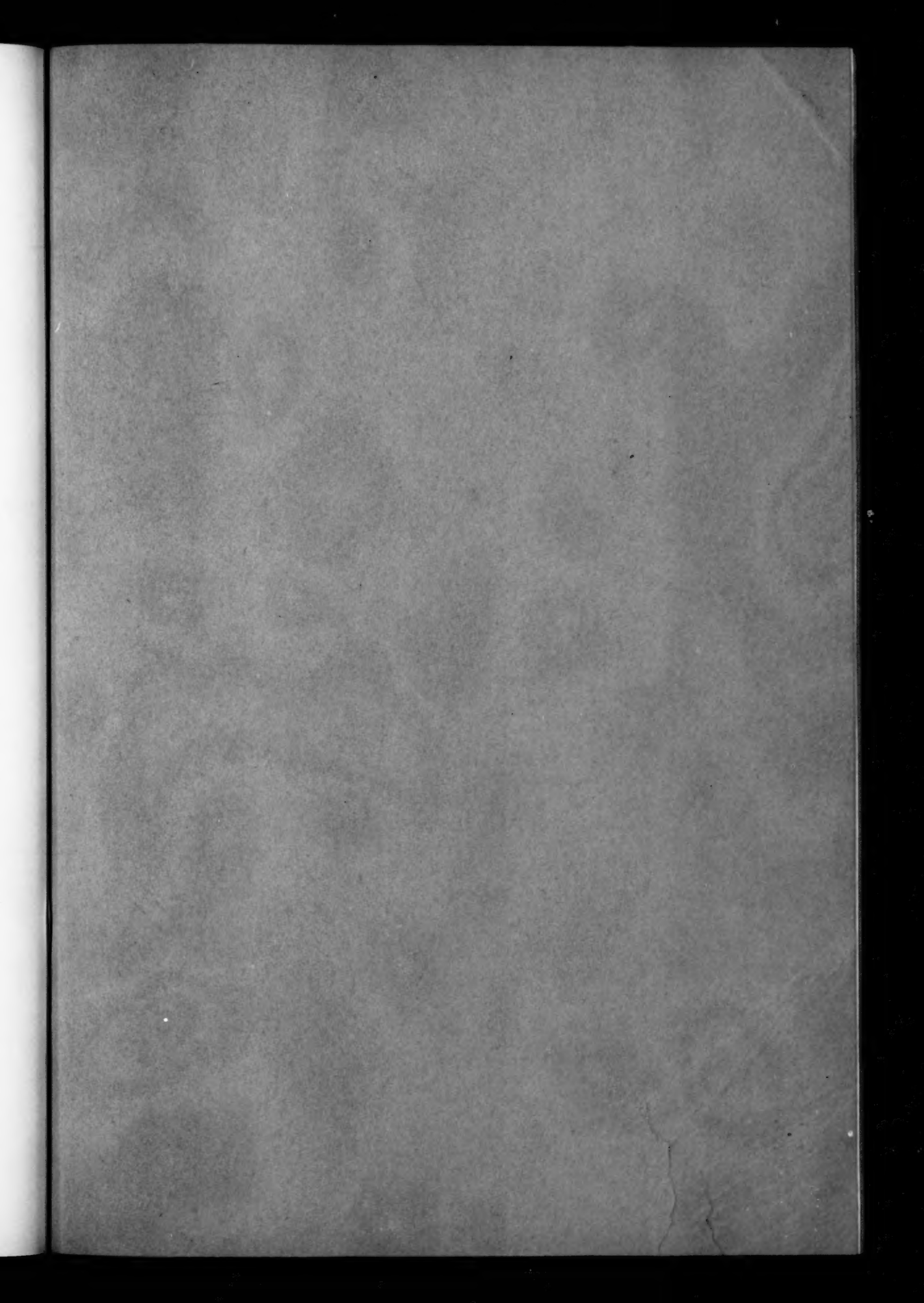
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